2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 16, 2008 8:00 am
Secretary of State
05-19-2008 90189 033 ***138.75

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DOCUMENT # L07000013460

1. Entity Name
PDT INVESTORS EP, LLC

Principal Place of Business	Mailing Address
490 SAWGRASS CORP. PKWY SUITE 310 SUNRISE, FL 33325	490 SAWGRASS CORP. PKWY SUITE 310 SUNRISE, FL 33325

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8386045

5. Certificate of Status
$5.00 Additional

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANK GUTTA, CPA, P.A. 490 SAWGRASS CORP. PKWY SUITE 310 SUNRISE, FL 33325	Name Street Address (P.O. Box not acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GUTTA, FRANK 490 SAWGRASS CORP. PKWY SUITE 310 SUNRISE, FL 33325	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4/25/08 954-452-8813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE