


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90032 004 \*\*\*138.75

<b>DOCUMENT # L07000019980</b>			
1. Entity Name PDS PARTNERS, LLC			
Principal Place of Business 112 INTRACOASTAL POINTE DRIVE JUPITER, FL 33477		Mailing Address 112 INTRACOASTAL POINTE DRIVE JUPITER, FL 33477	
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
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LYSAGHT & LYSAGHT, P.A. 1001 NORTH US HIGHWAY 1, SUITE 407 JUPITER, FL 33477		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____	
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 LYSAGHT, DEBORAH MARTZ STREET ADDRESS 112 INTRACOASTAL POINTE DRIVE CITY- ST- ZIP JUPITER, FL 33477	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: <i>James Lysaght</i>		Date: 4/25/08	Daytime Phone #: 561 308 9990
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			