


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2008 90032 004 ***138.75

DOCUMENT # L07000019980			
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 _____ 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 _____	
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 LYSAGHT, DEBORAH MARTZ 112 INTRACOASTAL POINTE DRIVE JUPITER, FL 33477	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> 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 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 AGENT, MANAGER, OR AUTHORIZED REPRESENTATIVE			