


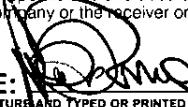
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90078 032 ***143.75

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DOCUMENT # L07000104943			
1. Entity Name PLD ACQUISITIONS LLC			
Principal Place of Business 200 HICKS STREET C/O P&L DEVELOPMENTS OF NEW YORK CORP WESTBURY, NY 11590		Mailing Address 200 HICKS STREET C/O P&L DEVELOPMENTS OF NEW YORK CORP WESTBURY, NY 11590	
2. Principal Place of Business - No P.O. Box # 10400 NW 29th Terrace		3. Mailing Address	
Suite, Apt. #, etc. Attn: Finance		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33172	Country USA	Zip	Country
4. FEI Number 26-1323240		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INCORPORATING SERVICES, LTD. 1540 GLENWAY DRIVE TALLAHASSEE, FL 32301		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 P&L DEVELOPMENT OF NEW YORK CORPORATION 200 HICKS STREET WESTBURY, NY 11590 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: 		Richard Friedman - Controller 02/13/2008 516-986-1692	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	