

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000001618**

1. Entity Name  
PSD PROPERTIES, LLC



Principal Place of Business  
16375 NE 18TH AVENUE, SUITE 201  
NORTH MIAMI BEACH, FL 33162

Mailing Address  
16375 NE 18TH AVENUE, SUITE 201  
NORTH MIAMI BEACH, FL 33162



04132005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0909034**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SHAHER, LEWIS R ESQ  
SHAHER & ASSOCIATES, P.A.  
3299 N.W. BOCA RATON BLVD., SUITE 200  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SOLTANIK, ENRIQUE  
16375 NE 18TH AVENUE, SUITE 201  
NORTH MIAMI BEACH, FL 33162

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
PILATTI, LUIS ALBERTO  
16375 NE 18TH AVENUE, SUITE 201  
NORTH MIAMI BEACH, FL 33162

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DEPALMA, MIGUEL ANGEL  
16375 NE 18TH AVENUE, SUITE 201  
NORTH MIAMI BEACH, FL 33162

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

L990000330107  
04/25/05-80147-009 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_