

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007496

FILED
Apr 27, 2007
Secretary of State

Entity Name: PDR FINANCIAL SERVICES, LLC

Current Principal Place of Business:

29605 U.S. HWY 19 N.
SUITE 140
CLEARWATER, FL 33761 US

Current Mailing Address:

29605 U.S. HWY 19 N.
SUITE 140
CLEARWATER, FL 33761 US

New Principal Place of Business:

29750 U.S. HWY 19 N.
SUITE 101
CLEARWATER, FL 337611530 US

New Mailing Address:

29750 U.S. HWY 19 N.
SUITE 101
CLEARWATER, FL 337611530 US

FEI Number: 59-3612503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, WILLIAM E
29605 US HWY 19 NO., STE 140
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

PRICE, WILLIAM E
29750 US HWY 19 N., STE 101
CLEARWATER, FL 337611530 US

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.

SIGNATURE:

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PRICE, WILLIAM E
Address: 316 HILLPOINT DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Delete
Name: RIDENOUR, NANCY M
Address: 2919 WYCOMBE WAY
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM E. PRICE

MGRM

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date