

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004187

Entity Name: PED TRUST LLC

FILED
Jul 22, 2007
Secretary of State

Current Principal Place of Business:

2332 BARRY KNOLL WAY
FORT WAYNE, IN 46845

New Principal Place of Business:

13710 METROPOLIS AVE
SUITE 107
FORT MYERS, FL 33913

Current Mailing Address:

2332 BARRY KNOLL WAY
FORT WAYNE, IN 46845

New Mailing Address:

13710 METROPOLIS AVE
SUITE 107
FORT MYERS, FL 33912

FEI Number: 54-2178171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DOWNEY, PAT
11367 CHAMPIONSHIP DRIVE
FT. MYERS, FL 33913 US

Name and Address of New Registered Agent:

DOWNEY, PAT
13710 METROPOLIS AVE
SUITE 107
FT. MYERS, FL 33912 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: _____

07/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DOWNEY, PAT
Address: 11367 CHAMPIONSHIP DRIVE
City-St-Zip: FT. MYERS, FL 33913

Title: MGR () Delete
Name: DOWNEY, CHRISTY
Address: 11367 CHAMPIONSHIP DRIVE
City-St-Zip: FT. MYERS, FL 33913

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: PAT DOWNEY

MGR

07/22/2007

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