


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000017573 1. Entity Name PBS PROPERTIES LLC	
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FILED

07 JUL -5 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133	Mailing Address 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1146368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent POLANSKY, MITCHELL S 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELSOL, JOSE MANUEL	NAME	
STREET ADDRESS	7300 NW 35TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33122	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, JOSE	NAME	
STREET ADDRESS	7300 NW 35TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33122	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATOS, TOMAS	NAME	
STREET ADDRESS	7300 NW 35TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33122	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, BERNARDO	NAME	
STREET ADDRESS	7300 NW 35TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33122	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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B. 7/9/07

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: Jose Manuel Belsol Date: 4/30/07 Daytime Phone #: (305) 858-9900

SIGNATURE: _____ Date _____ Daytime Phone # _____

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