

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024452

FILED  
May 12, 2005  
Secretary of State

Entity Name: PABO, LLC

## Current Principal Place of Business:

400 NORTH TAMPA STREET, SUITE 2300  
C/O JAMES W. GOODWIN  
TAMPA, FL 33602

## New Principal Place of Business:

201 N. FRANKLIN STREET  
SUITE 2000  
TAMPA, FL 33602

## Current Mailing Address:

400 NORTH TAMPA STREET, SUITE 2300  
C/O JAMES W. GOODWIN  
TAMPA, FL 33602

## New Mailing Address:

201 N. FRANKLIN STREET  
SUITE 2000  
TAMPA, FL 33602

FEI Number: 22-3873935      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:

GOODWIN, JAMES W  
400 NORTH TAMPA STREET, SUITE 2300  
TAMPA, FL 33602    US

## Name and Address of New Registered Agent:

GOODWIN, JAMES W  
201 N. FRANKLIN STREET  
SUITE 2000  
TAMPA, FL 33602    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: JAMES W. GOODWIN

05/12/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR      ( ) Delete  
Name: WILSON, ROBERT M  
Address: 400 N. TAMPA STREET, STE. 2300  
City-St-Zip: TAMPA, FL 33602

Title: MGR      ( ) Delete  
Name: WILSON, PATRICIA M  
Address: 400 N. TAMPA STREET, STE. 2300  
City-St-Zip: TAMPA, FL 33602

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: WILSON, ROBERT M  
Address: 201 N. FRANKLIN STREET, SUITE 2000  
City-St-Zip: TAMPA, FL 33602

Title: MGR      (X) Change ( ) Addition  
Name: WILSON, PATRICIA M  
Address: 201 N. FRANKLIN STREET, SUITE 2000  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT WILSON

MGR

05/12/2005

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