

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024452

FILED
Apr 16, 2008
Secretary of State

Entity Name: PABO, LLC

Current Principal Place of Business:

201 N. FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

201 N. FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602

New Mailing Address:

FEI Number: 22-3873935 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: KRIZ, ANSLEY WILSON
Address: 201 NORTH 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 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: ROBERT M. WILSON MGR 04/16/2008

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