


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90091 044 \*\*\*\*50.00

**DOCUMENT # L05000067173**

1. Entity Name  
 PBG UNIT 24306, LLC



Principal Place of Business Mailing Address  
 C/O SCHULMAN, WOLFSON, PUCCI & ABRUZZO LLP C/O SCHULMAN, WOLFSON, PUCCI & ABRUZZO LLP  
 7 WEST 36TH ST., 15TH FLOOR 7 WEST 36TH ST., 15TH FLOOR  
 NEW YORK, NY 10018 NEW YORK, NY 10018

20048757



2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

07062006 Chg-LLC CR2E083 (11/05)

City & State City & State

4. FEI Number **20-3307357** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

WEXLER, MARC  
 3740 SO. OCEAN BLVD., UNIT 1005  
 HIGHLAND BEACH, FL 33487

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by September 6, 2006**

**Make check payable to Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEXLER, MARC 3740 SO. OCEAN BLVD., UNIT 1005 HIGHLAND BEACH, FL 33487	<input type="checkbox"/> Delete
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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:** *Marc Wexler* 7/10/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #