

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059523

FILED  
May 04, 2010  
Secretary of State

Entity Name: PB 7 LLC

**Current Principal Place of Business:**

1333 SOUTH MIAMI AVENUE  
210  
MIAMI, FL 33130

**New Principal Place of Business:**

9415 S.W. 72ND STREET  
SUITE 119  
MIAMI, FL 33173

**Current Mailing Address:**

1333 SOUTH MIAMI AVENUE  
210  
MIAMI, FL 33130

**New Mailing Address:**

9415 S.W. 72ND STREET  
SUITE 119  
MIAMI, FL 33173

FEI Number: 20-8472053      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:**

LOPEZ-AGUIAR, HENRY A ESQ.  
9415 S.W. 72ND STREET  
SUITE 119  
MIAMI, FL 33173 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  
Name: PANIZA, GUILLERMO  
Address: 9415 SUNSET DRIVE, SUITE 119  
City-St-Zip: MIAMI, FL 33173

Title: MGR  
Name: CEPERO, ELOY  
Address: 9415 SUNSET DRIVE, SUITE 119  
City-St-Zip: MIAMI, FL 33173

Title: MGR  
Name: GUANCHE, JULIO  
Address: 19540 NW 88 AVENUE  
City-St-Zip: MIAMI, FL 33018

Title: MGR  
Name: SANCHEZ-MEDINA, ROLANDO  
Address: 60 EDGEWATER DRIVE  
City-St-Zip: CORAL GABLES, FL 33133

I hereby 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: GUILLERMO PANIZA

MGR

05/04/2010

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