


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000017573 1. Entity Name PBS PROPERTIES LLC						FILED 06 MAY -8 AM 7:41 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			
2. Principal Place of Business Suite, Apt #, etc City & State Zip Country				3. Mailing Address Suite, Apt #, etc City & State Zip Country			
04252006 Chg-LLC CR2E083 (11/05)				4. FEI Number 65-1146368			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable			
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE</small>							
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGR	BELSOL, JOSE MANUEL	7300 NW 35TH TERRACE MIAMI, FL 33122				
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MGR	GARCIA, JOSE	7300 NW 35TH TERRACE MIAMI, FL 33122				
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MGR	MATOS, TOMAS	7300 NW 35TH TERRACE MIAMI, FL 33122				
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MGR	MENDEZ, BERNARDO	7300 NW 35TH TERRACE MIAMI, FL 33122				
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Jose Manuel Belzol</u>				Date: 4/26/06		Daytime Phone #: (305) 858-9900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							