


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L01000017573</b> 1. Entity Name <b>PBS PROPERTIES LLC</b>					
Principal Place of Business <b>2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133</b>			Mailing Address <b>2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>65-1146368</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				04302007    Chg-LLC    CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>POLANSKY, MITCHELL S 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BELSOL, JOSE MANUEL 7300 NW 35TH TERRACE MIAMI, FL 33122</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GARCIA, JOSE 7300 NW 35TH TERRACE MIAMI, FL 33122</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MATOS, TOMAS 7300 NW 35TH TERRACE MIAMI, FL 33122</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MENDEZ, BERNARDO 7300 NW 35TH TERRACE MIAMI, FL 33122</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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 Belsol</u> Date: <u>4/30/07</u> Daytime Phone #: <u>(305) 858-9900</u>		

**FILED**  
**07 JUL -5 AM 9:43**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

