

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

02-11-2004 90210 011 ****50.00

DOCUMENT # L00000009251					
1. Entity Name PBG LAND PARTNERS, L.L.C.					
Principal Place of Business C/O GERALD GREENSPOON 100 W. CYPRESS CREEK, #700 FORT LAUDERDALE, FL 33309			Mailing Address C/O GERALD GREENSPOON 100 W. CYPRESS CREEK, #700 FORT LAUDERDALE, FL 33309		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent BLODIG, GREGORY J 100 WEST CYPRESS CREEK ROAD, SUITE 700 GREENSPOON, MARDER HIRSCHFIELD FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				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 May 1, 2004			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MEM	NAME LABERT, DANIEL	☐ Delete	TITLE MEM	NAME LAMBERT, DANIEL	☒ Change ☐ Addition
STREET ADDRESS 2419 E. COMMERCIAL BLVD., SUITE 200	CITY-ST-ZIP FORT LAUDERDALE, FL 33308		STREET ADDRESS 2419 E. COMMERCIAL BLVD., SUITE 200	CITY-ST-ZIP FORT LAUDERDALE, FL 33308	
TITLE MGR	NAME VERRILLO, JAMES	☐ Delete	TITLE 	NAME 	☐ Change ☐ Addition
STREET ADDRESS 2419 E. COMMERCIAL BLVD., SUITE 200	CITY-ST-ZIP FORT LAUDERDALE, FL 33308		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE MGR	NAME GREENSPOON, GERALD	☐ Delete	TITLE 	NAME 	☐ Change ☐ Addition
STREET ADDRESS 2419 E. COMMERCIAL BLVD., SUITE 200	CITY-ST-ZIP FORT LAUDERDALE, FL 33308		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	☐ Delete	TITLE 	NAME 	☐ Change ☐ Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	☐ Delete	TITLE 	NAME 	☐ Change ☐ Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			Date: 1/9/04 (954) 491-1120		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					