

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000009251

1. Entity Name
PBG LAND PARTNERS, L.L.C.



**FILED
Apr 25, 2005 8:00 am
Secretary of State**

04-25-2005 90102 009 ****50.00

20045492



03282005 Chg-LLC CR2E083 (10/03)

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
5060 North Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL
Zip 33308 Country

City & State

Zip

Country

4. FEI Number
65-1029289

Applied For
Not Applicable

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
NAME LABERT, DANIEL
STREET ADDRESS 2419 E. COMMERCIAL BLVD., SUITE 200
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Lambert, Daniel
Suite 100

Change Addition

TITLE MGRM Delete
NAME VERRILLO, JAMES
STREET ADDRESS 2419 E. COMMERCIAL BLVD., SUITE 200
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Suite 100

Change Addition

TITLE MGRM Delete
NAME GREENSPOON, GERALD
STREET ADDRESS 2419 E. COMMERCIAL BLVD., SUITE 200
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100 west Cypress Creek Road, Suite 700
Ft. Lauderdale, FL 33309

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

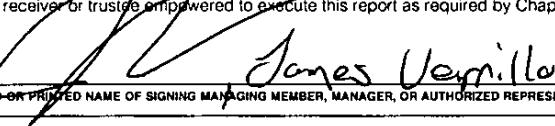
Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/05

Date

Daytime Phone #

904-630-4640