
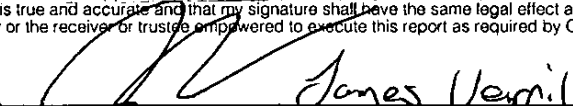


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-25-2005 90102 009 ****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 5060 North Federal Hwy Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL Zip 33308		City & State Zip Country	
4. FEI Number 65-1029289		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <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 reinstating) DATE</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM LABERT, DANIEL 2419 E. COMMERCIAL BLVD., SUITE 200 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERRILLO, JAMES 2419 E. COMMERCIAL BLVD., SUITE 200 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENSPOON, GERALD 2419 E. COMMERCIAL BLVD., SUITE 200 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: 4/27/05 Daytime Phone #: 954-630-4444	

20045492



03282005 Chg-LLC CR2E083 (10/03)