

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000013699

1. Entity Name
PBSA INVESTMENTS LLC



Principal Place of Business
**4665 S. CONGRESS AVE., SUITE 100
LAKE WORTH, FL 33461**

Mailing Address
**4665 S. CONGRESS AVE., SUITE 100
LAKE WORTH, FL 33461**



02012004 No Chg-LLC

CR2E063 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1061958

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SIMON, FRED L MD
4665 S. CONGRESS AVE.
LAKE WORTH, FL 33461**

**DO NOT WRITE
IN THIS SPACE**

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 registering.)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SIMON, FRED MD
4665 S. CONGRESS AVE., SUITE 100
LAKE WORTH, FL 33461**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ZELTZER, JACK MD
4665 S. CONGRESS AVE., SUITE 100
LAKE WORTH, FL 33461**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GOFF, STEVEN MD
4665 S. CONGRESS AVE., SUITE 100
LAKE WORTH, FL 33461**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
IBARROLA, A. MARIANO
4665 S. CONGRESS AVE., SUITE 100
LAKE WORTH, FL 33461**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000068844
02/27/04-80059-008 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Fred Simon* **Fred Simon**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/24/04 **2/24/04** *561-964-2211*
Date Daytime Phone #