

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 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**



01232005 No Chg-LLC

CR2E083 (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 reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000207053
02/01/05-80028-025 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)(f), 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]

1/28/05

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

Date

Daytime Phone #