2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000013699

1. Entity Name
PBSA INVESTMENTS LLC

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

DO NOT WRITE IN THIS SPACE

01212006 No Chg-LLC CR2E083 (11/05)

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

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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, 2006

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	

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02/23/06-80072-019 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 2/7/06 561-964-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #