


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L00000015679</b>	
1. Entity Name PB LAKES, L.L.C.	
	
Principal Place of Business 231 BRADLEY PLACE, SUITE 200 PALM BEACH, FL 33480	Mailing Address P.O. BOX 983 PALM BEACH, FL 33480



04092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-9268893	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

MCGOWAN, BRENDA  
231 BRADLEY PLACE  
STE 200  
PALM BEACH, FL 33480

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAIGEN, GRETA 525 S. FLAGLER DR., #GPH1 WEST PALM BEACH, FL 33401
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGOWAN, BRENDA 424 SAN MATEO DR. PALM SPRINGS, FL 33461
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000702397  
04/20/07-80095-021 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Brenda McGowan* Brenda McGowan, Manager 4/9/07 561-833-0377

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

Date

Daytime Phone #