

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90221 001 ***100.00

DOCUMENT # L01000011487

1. Entity Name
PBC MANAGERS, L.L.C.



Principal Place of Business
**580 VILLAGE BLVD.
SUITE 300
WEST PALM BEACH, FL 33409**

Mailing Address
**580 VILLAGE BLVD.
SUITE 300
WEST PALM BEACH, FL 33409**



02252004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1126976

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DENHOLTZ, STEWART F
580 VILLAGE BLVD.
SUITE 300
WEST PALM BEACH, FL 33409**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DENHOLTZ, STEWART F
580 VILLAGE BLVD., STE 300
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

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

3/18/04

Date

561-242-0100

Daytime Phone #