## ŽÕ04 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L02000002100

1. Entity Name PBC REALTY, LLC



Mailing Address

DO NOT WRITE IN THIS SPACE

Principal Place of Business 450 ROYAL PALM WAY SIXTH FLOOR PALM BEACH, FL 33480

450 ROYAL PALM WAY SIXTH FLOOR PALM BEACH, FL 33480

## FILED Apr 26, 2004 08:00 AM Secretary of State



02112004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 32-0057789

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAW, DAVID M 450 ROYAL PALM WAY SIXTH FLOOR 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		(NOTE Registered Ag	(NOTE Registered Agent signature required when reinstalling)  DATE	
Fi D	iling Fee is \$50.99 ue by May 1, 2004			
9.  TRILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	MANAĞING MEMBERS/MANAGERS MGRM BECKER, CHARLES D 5755 NEW KING CT TROY, MI 48098 MGRM BECKER, MICHELLE 5755 NEW KING CT			U00000131724 04/27/04-80017-013 50.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TROY, Mf 48098		1 OD	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP			IN THIS SPACE	
title Name Street address City - St - Zip				

11. I hereby certify that the information supplied with this filling document 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 standards shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the required or manager of the limited liability company or the required or manager of the limited liability company or the required or manager of the limited liability company or the required or manager of the limited liability company or the required or manager of the limited liability company or the required or manager of the limited liability company or the required or manager of the limited liability company or the required liability company or the requir

SIGNATURE:

TITLE
MAME
STREET ADDRESS
CITY - ST - ZIP

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

Date

Daytime Phone #