


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L02000002100</b> 1. Entity Name <b>PBC REALTY, LLC</b>	
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2008 SEP 17 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>450 ROYAL PALM WAY SIXTH FLOOR PALM BEACH, FL 33480</b>	Mailing Address <b>450 ROYAL PALM WAY SIXTH FLOOR PALM BEACH, FL 33480</b>
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2. Principal Place of Business - No P.O. Box # <b>920 S. OCEAN BLVD</b>	3. Mailing Address <b>920 S. OCEAN BLVD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07252008 Chg-LLC CR2E083 (12/06)

City & State <b>PALM BEACH FL</b>	City & State <b>PALM BEACH FL</b>	4. FEI Number <b>32-0057789</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33480</b>	Country <b>US</b>	Zip <b>33480</b>	Country <b>US</b>

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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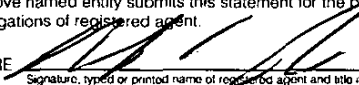
**6. Name and Address of Current Registered Agent**

**SHAW, DAVID M  
450 ROYAL PALM WAY  
SIXTH FLOOR  
PALM BEACH, FL 33480**

**7. Name and Address of New Registered Agent**

Name <b>CHARLES E. BECKER</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>920 S. OCEAN BLVD.</b>	
City <b>PALM BEACH</b>	FL Zip Code <b>33480</b>

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  **CHARLES E. BECKER, MEMBER** 7-28-08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

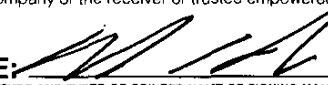
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM BECKER, CHARLES D</b> <input type="checkbox"/> Delete <b>5755 NEW KING CT TROY, MI 48098</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM BECKER, MICHELLE</b> <input type="checkbox"/> Delete <b>5755 NEW KING CT TROY, MI 48098</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM CHARLES E. BECKER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17000 KERCHEVAL AVE, SUITE 200 GROSSE POINTE MI 48230</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MICHELLE BECKER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17000 KERCHEVAL AVE, SUITE 200 GROSSE POINTE MI 48230</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100136149031</b> <b>09/19/08--01042--002--**138.75--</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **CHARLES E. BECKER, MEMBER** 7-28-08 313-344-7700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #