FILED Feb 14, 2003 8:00 am Secretary of State

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								01-28	-2003 900	17 ∩19 ***	*50.00	
DOCUMENT # L0200003697 1. Entity Name								01-20	-2005 500	77 012	30.00	
PB REALT	Y #2 LL(C						-				
Principal Place of Business			Mailing Address						•			
222 LAKEVIEW AVE., STE 950			222 LAKEVIEW AVE., STE 950									
WEST PALM BE	ACH FL 334	101	WEST PALM BEACH FL 33	4UI			1 16 641	Ki ali Galla Mari at ili	Labin ario edil a	HERR COUR CORONS	al sum sual	
	(Duel		3. Mailing Address									
2. Principal Place of Business							I legipii di apri usi ann ann ann ann ann ann ann ann ann an					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES A SEL Number Applied For					l
City & State			City & State				4. FEI Number 01-0628330			Not Applicable		Į
Zip	ip : Country		Zip Coun		itry	5. Certificate of 3			atus Desired S5.00 Additional Fee Required			
	6. Name	and Address of Current Re	nt Registered Agent			ا هه جرباست	7. Name an	d Address of No	W Hegistered	 Agent		
KOC	HMAN, RI	DNALD S			-Name	Idrane (D)	2 Roy Numb	per is Not Accept	able)			
222 LAKEVIEW AVE., STE 950 West Palm Beach FL 33401				Street Au	Juless (r.	J. BOX 140411						
WES	OI PALM C				! 					Zip Code		
					City				FI	- '		
8. The above the obligati	named ent ions of regis	ity submits this statement for t stered agent.	he purpose of changing its	register	ed office or	registered	agent, or b	oth, in the State o	ol Florida. 1 am	iamiliar with, a	and accept	
SIGNATURE .	Signer we have	d or printed name of registered agent and	title il applicable. (NOT	E: Registen	ed Agent signatu	w Deniupen en	hen reinstating)		DATÉ			
	Contract of the Contract of th		FILE N		FEE IS \$: 1				ļ	
			Make Check Payab Du		orida Dep lay 1, 2003		of State					
9.		MANAGING MEMBER	S/MANAGERS	10.	<u> </u>			ADDITIO	ONS/CHANGE	S Change	Addition	ন্ত
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NAME STREET ADDRESS	ł			STR	EET ADDRESS	19%	3/0550	m play	22/52	_		88
CITY-ST-ZIP					Y-ST-ZIP	ral.	m Ba	304, 7L	5578C	Change	☐ Addition	P2E
TITLE	ļ		☐ Delete	TIT NAI		:						٥
NAME STREET ADDRÉSS					LEET AODRESS							
CITY-ST-ZIP	<u> </u>		F7 p		Y-ST-ZIP	<u> </u>				☐ Change	Addition] .
TITLE - NAME			Delete	TITI NA		<u> </u>		<u> </u>				Ì
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STREET ADDRESS					REET ADORESS Y-ST-ZIP							
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TITLE NAME			U Date	, NA	ME							
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CITY-ST-ZIP	ļ. <u> </u>		Detete	{	14-51-21r 14:					☐ Change	Addition	1
TITLE NAME	1		UCHRE		ME .							}
STREET ADDRESS					REET ADORESS TY-ST-ZIP	ļ						-
CITY-ST-ZIP		the last and American with	the filing do not girable.	or the ev	emption sta	ted in Sec	tion 119.076	3)(i), Florida Stat	utes. I further o	ertify that the	nformation	1
11. I hereby indicated limited lis	certify that d on this rep ability comp	the information upplied with port is true increacurate and i pany or the receiver or nustee	hat my signatur shall have empowered to execute this	e the sans s report	ne legal effe as required t	ect as if ma by Chapte	ade under og er 608, Florid	ath; hat I am e r a Statutes.	nanaging mem	ber or manage	er of the	
SIGNA	TURE:	Min	UFE CE	$\mathbb{Z}(\mathbb{E}$	D AUTHORIZED	0.0000000000000000000000000000000000000		Date		Daytime Phone #		
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