


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90153 050 ****50.00

DOCUMENT # L02000016725

1. Entity Name
PB RENTAL INCOME, LLC




Principal Place of Business Mailing Address
3344 NE 32 STREET **3344 NE 32 STREET**
FORT LAUDERDALE, FL 33308 US **FORT LAUDERDALE, FL 33308 US**

14064001

2. Principal Place of Business 3. Mailing Address
3308 NE 32 STREET **3308 NE 32 street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FORT LAUDERDALE, FL **FL Lauderdale FL**

Zip Country Zip Country
33308 **US** **33308** **USA**



06302004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
42-1542876 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

DELUCA, GARY
~~**3344 NE 32 STREET**~~
FORT LAUDERDALE, FL 33308

Name
 Street Address (P.O. Box Number is Not Acceptable)
21 Fort Royal Isle
 City State Zip Code
FL Lauderdale FL 33308

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 *Gary Deluca* DATE **6/30/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARY, DELUCA 3344 NE 32 STREET FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gary Deluca 21 Fort Royal Isle FL Lauderdale FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTHEW, IANNIELLO JR 10 TREDWELL DRIVE OLD WESTBURY, NY 11530 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTHONY, COSTA R JR 2160 TITUS PATH MUTTONTOWN, NY 11791 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARY, CARLO J 1443 SW 158 AVENUE PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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 606, Florida Statutes.

SIGNATURE: *Gary Deluca* Date **6/30/04** Daytime Phone # **954-609-8348**

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