

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90154 008 \*\*\*\*50.00



**DOCUMENT # L02000016725**  
 1. Entity Name  
**PB RENTAL INCOME, LLC**

Principal Place of Business      Mailing Address  
**3308 NE 32 STREET**      **3308 NE 32 STREET**  
**FORT LAUDERDALE FL 33308**      **FORT LAUDERDALE FL 33308**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
*3327 NE 32 street*      *3327 NE 32 Street*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*FL Lauderdale FL*      *FL Lauderdale FL*

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

1st MOORE      CR2E083 (10/04)

4. FEI Number      Applied For  
**42-1542876**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**DELUCA, GARY**  
**21 FORT ROYAL ISLE**  
**FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>GARY, DELUCA</b> <b>21 FORT ROYAL ISLE</b> <b>FORT LAUDERDALE FL 33308</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MATTHEW, IANNIELLO JR</b> <b>10 TREDWELL DRIVE</b> <b>OLD WESTBURY NY 11530</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>ANTHONY, COSTA R JR</b> <b>2160 TITUS PATH</b> <b>MUTTONTOWN NY 11791</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>GARY, CARLO J</b> <b>1443 SW 158 AVENUE</b> <b>PEMBROKE PINES FL 33027</b> <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 608, Florida Statutes.

**SIGNATURE:** *Gary DeLuca*      *2/15/05*      *954-567-3977*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #