


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000001428 1. Entity Name PBC, LLC	
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Principal Place of Business 1002 E. NEWPORT CTR DR STE 100 DEERFIELD BEACH, FL 33442 US	Mailing Address 1002 E. NEWPORT CTR DR STE 100 DEERFIELD BEACH, FL 33442 US
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DO NOT WRITE IN THIS SPACE



01172005No Chg-LLC CR2E083 (10/03)

4. FEI Number 14-1867930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ELLMAN, ED 1002 E. NEWPORT CTR DR DEERFIELD BEACH, FL 33442
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000322455
04/22/05-80005-024 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLMAN, EDWARD 1002 E. NEWPORT CTR. DR. STE 100 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STALLONE, ANDREW 1002 E. NEWPORT CTR. DR. STE 100 DEERFIELD BEACH, FL 33442
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>MS</u> <u>ANDREW STALLONE</u> <u>4/17/05</u> <u>954-978-8100</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>