

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/4

FILED
Sep 17, 2004 8:00 am
Secretary of State

08-04-2004 90062 002 ****50.00

DOCUMENT # L03000025961 1. Entity Name PB MANAGEMENT, L.L.C.																																																																																																											
Principal Place of Business 4400 PGA BLVD., SUITE 201 PALM BEACH GARDENS, FL 33410			Mailing Address 4400 PGA BLVD., SUITE 201 PALM BEACH GARDENS, FL 33410																																																																																																								
2. Principal Place of Business 9002 SE Bridge Road Suite, Apt. #, etc.		3. Mailing Address 9002 SE Bridge Road Suite, Apt. #, etc.																																																																																																									
City & State Hobe Sound, FL Zip 33455		City & State Hobe Sound, FL Zip 33455		4. FEI Number 56-2377499																																																																																																							
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																							
6. Name and Address of Current Registered Agent COX, JACK S 4400 PGA BLVD., SUITE 201 PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Cox, Jack S. Esq. Street Address (P.O. Box Number is Not Acceptable) 9002 SE Bridge Road City Hobe Sound FL Zip Code 33455																																																																																																								
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 4/1/04 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																											
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to: Florida Department of State																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS / CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PRESIDENT SCOTT BORRE</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6050 S POLASKI</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CHICAGO IL 60629</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES			TITLE	PRESIDENT SCOTT BORRE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS	6050 S POLASKI		STREET ADDRESS			CITY - ST - ZIP	CHICAGO IL 60629		CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			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)(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: <u>Scott Borre</u> SCOTT BORRE 5-1-04 773 585 9000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																											

Attachment
34610428

LAW OFFICES
OF
~JACK SCHRAMM COX P.A.~
PRACTICING SINCE
1978

Member of:
Florida Bar
Fifth Circuit of the Federal Courts of Appeal
Eleventh Circuit of the Federal Courts of Appeal
Federal District Court, Southern District of Florida
U.S. Bankruptcy Court, Southern District of Florida
United States Supreme Court

September 14, 2004

Via Federal Express

Florida Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Re: PB Management, L.L.C.
Our File No.: 1502.01
Reference No.: L03000025961

Ladies and Gentlemen:

Enclosed please find the completed Annual Report/Uniform Business Report for PB Management, L.L.C. Due to Hurricane Frances we were unable to return the form to you sooner.

It has now been completed to show the Federal Tax ID Number, which is 56-2377499 and the President, who is Scott Borre, 6050 S. Pulaski, Chicago, IL 60629.

I would appreciate if you would accept this report with the check previously received for filing. If there is any additional information that you require, please contact me.

Very truly yours,

Jack S. Cox

JSC:ch
Enclosure

cc: Scott Borre