


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000027382 1. Entity Name COOK PB 2, LLC	
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Principal Place of Business 340 ROYAL PALM WAY #101 PALM BEACH, FL 33480	Mailing Address 340 ROYAL PALM WAY #101 PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



03032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2387179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE, STE. 500 EAST
WEST PALM BEACH, FL 33401**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATAPEDIA MANAGEMENT INC 340 ROYAL PALM WAY STE 101 PALM BEACH, FL 33480
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATAPEDIA LIMITED PARTNERSHIP 340 ROYAL PALM WAY STE 101 PALM BEACH, FL 33480
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**U00000541358
05/10/06-80056-008 50.00**

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

Mark W. Cook

MARK W. COOK

4-27-06

561 837 8650

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

Date

Daytime Phone #