

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027382

Entity Name: COOK PB 2, LLC

FILED
Jan 11, 2007
Secretary of State

Current Principal Place of Business:

340 ROYAL PALM WAY #101
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

340 ROYAL PALM WAY #101
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 56-2387179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GY CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE, STE. 500 EAST
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: LEWIS F. CRIPPEN, VICE PRESIDENT

01/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PATAPEDIA MANAGEMENT, INC
Address: 340 ROYAL PALM WAY STE 101
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM (X) Delete
Name: MATAPEDIA LIMITED PA, RTNERSHIP
Address: 340 ROYAL PALM WAY STE 101
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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, PRESIDENT

MGR

01/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date