


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L03000030019</b><br>1. Entity Name<br>PBS INLET WAY LLC |  |
|---|---|

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|--|--|
| Principal Place of Business<br>4420 BEACON CIR, STE 100<br>WEST PALM BEACH, FL 33407 | Mailing Address<br>4420 BEACON CIR, STE 100<br>WEST PALM BEACH, FL 33407 |
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03302007 No Chg-LLC CR2E083 (11/05)

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|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-0159943 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
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| <b>6. Name and Address of Current Registered Agent</b><br><br>DAMON, CONRAD ESQ<br>WARD, DAMON & POSNER, P.A.<br>4420 BEACON CIR, STE 100<br>WEST PALM BEACH, FL 33407 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>JERY L. HUNTER AND ELAINE B. HUNTER AS TRU<br>140 INLET WAY UNIT 212<br>PALM BEACH SHORES, FL 33404 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000738320  
05/11/07-80063-006 50.00

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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: Jery L. Hunter Jery L. Hunter 4/8/07 636 629-3704  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #