

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90079 032 ****50.00

DOCUMENT # L04000004413 1. Entity Name PFB COMPANY, LLC			
Principal Place of Business 1031 W. MORSE BLVD. SUITE 125 WINTER PARK, FL 32789		Mailing Address 1031 W. MORSE BLVD. SUITE 125 WINTER PARK, FL 32789	
2. Principal Place of Business - No P.O. Box # 238 W. WELBORNE AVE		3. Mailing Address P.O. Box 2456	
Suite, Apt. #, etc. STE 3		Suite, Apt. #, etc. 	
City & State WINTER PARK, FL		City & State WINTER PARK, FL	
Zip 32789		Zip 32790	
Country		Country	
4. FEI Number 20-2694599		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 BRYAN, PAUL F 1031 W. MORSE BLVD. SUITE 125 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name BRYAN, PAUL F. Street Address (P.O. Box Number is Not Acceptable) 238 W. WELBORNE AVE SUITE 3 City WINTER PARK FL Zip Code 32789	
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 PAUL F. BRYAN DATE 1/8/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGMR BRYAN, PAUL F 1031 W. MORSE BLVD., SUITE 125 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGMR BRYAN, PAUL F. 238 W. WELBORNE AVE, STE. 3 WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		DATE: 1/8/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Daytime Phone #</small>	