2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# L04000017182

Entity Name: PBS INVESTMENT GROUP LLC

Current Principal Place of Business:

3130 EQUESTRIAN DR
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

3130 EQUESTRIAN DR
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 56-2437066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BETANCOURT, HECTOR R
3130 EQUESTRIAN DR
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PAEZ, ANTONIO
Address: 19268 CLOISTER LAKE LANE
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM ( ) Delete
Name: SVISTUNOV, JORGE
Address: 18617 SEA TURTLE LN
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM ( ) Delete
Name: BETANCOURT, HECTOR R
Address: 6929 BARBAROSSA ST
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition
Name: BETANCOURT, HECTOR R
Address: 3130 EQUESTRIAN DR
City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information supplied with this filing does not qualify 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: JORGE SVISTUNOV MGRM 04/22/2008

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