


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 26, 2005 8:00 am
Secretary of State

05-02-2005 90098 047 ****50.00

DOCUMENT # L04000035564					
1. Entity Name PBI LIMITED LIABILITY COMPANY					
Principal Place of Business 1738 N. MILITARY TRAIL WEST PALM BEACH, FL 33409			Mailing Address 1738 N. MILITARY TRAIL WEST PALM BEACH, FL 33409		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1157795	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NORWICH, GRACE 1738 N. MILITARY TRAIL WEST PALM BEACH, FL 33409				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	P GRACE C NORWICH	1738 N. MILITARY TRAIL			
		WEST PALM BEACH FL 33409			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 4/28/05 561-689-0899		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		

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