

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035652

FILED
May 03, 2005
Secretary of State

Entity Name: PBG REALTY LLC

Current Principal Place of Business:

6534 ROCK CREEK DRIVE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6534 ROCK CREEK DRIVE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-2216166 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C.H. CONSULTING, INC.
6534 ROCK CREEK DRIVE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

ARMOUR II, ALAN I
1645 PALM BEACH LAKES BLVD
SUITE 1200
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: ALAN I. ARMOUR II

05/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: C.H. CONSULTING, INC., .
Address: 6534 ROCK CREEK DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM () Delete
Name: SILLAS, BILLY
Address: P.O. BOX 210422
City-St-Zip: WEST PALM BEACH, FL 33411

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 Section 119.07(3)(i), 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: CHRIS HEINE

P

05/03/2005

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