

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060006

Entity Name: P.A.B. DEVELOPMENT, L.L.C.

FILED  
Apr 29, 2007  
Secretary of State

## Current Principal Place of Business:

4800 NORTH FEDERAL HIGHWAY  
SUITE A205  
BOCA RATON, FL 33431 US

## Current Mailing Address:

4800 NORTH FEDERAL HIGHWAY  
SUITE A205  
BOCA RATON, FL 33431 US

## New Principal Place of Business:

4400 NORTH FEDERAL HIGHWAY  
SUITE 408  
BOCA RATON, FL 33431 US

## New Mailing Address:

4400 NORTH FEDERAL HIGHWAY  
SUITE 408  
BOCA RATON, FL 33431 US

FEI Number: 20-1615374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KAAN, VALERIE  
4800 NORTH FEDERAL HIGHWAY  
SUITE A205  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

KAAN, VALERIE  
4400 NORTH FEDERAL HIGHWAY  
SUITE 408  
BOCA RATON, FL 33431 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:

04/29/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: KAAAN, VALERIE  
Address: 4800 NORTH FEDERAL HIGHWAY, SUITE 205A  
City-St-Zip: BOCA RATON, FL 33431 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: KAAAN, VALERIE  
Address: 4400 NORTH FEDERAL HIGHWAY, SUITE 408  
City-St-Zip: BOCA RATON, FL 33431 US

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: VALERIE KAAAN

MGR

04/29/2007

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