## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 09, 2005 8:00 am Secretary of State

321-725-3000

DOCUMENT # L0400081320  1. Entity Name PB LLC								05-0	9-2005	90050 (	)49 ****5	0.00
Principal Plac	e of Busines	s	Mailing Address						<b>'⊷</b> છ"	ስ <b>ሴ ል</b> ቾ	O#	
777 A1A INDIALANTIC, FL 32903			777 A1A INDIALANTIC, FL 32903									4
								<b>in ar</b> ia iran i				
2. Principal Place of Business 2050 SOUTH PATRICK DRIVE			3. Mailing Address 2050 SOUTH PATRICK DRIVE			VE						
Suite, Apt. #, etc. SUITE B			Suite, Apt. #, etc. SUITE B				02162005	Chg-	LLC	CR2E	083 (10/03)	
City & Stat	te		City & State	_			4. FEI Num	ber				oplied For
	HARBE	OUR BEACH, FL	INDIAN HARS			1,FC	- 1	1-373	Z8Z9		N	t Applicable
Zip 32	937	Country	32937	Coun	•	151	5. Certificat	e of Status	Desired		\$5.00 Add Fee Require	
	6. Name	and Address of Current F	Registered Agent		Name		7. Name an	d Address	of New R	egistered	Agent	
MOSLEY,	CURTIS F	₹			Name							
1221 EAS MELBOUF			Street A	Address (P	.O. Box Num	ber is Not	Acceptable	9)				
		,				_						
		7.			City					FL	Zip Cod	е
8. The above the obligat	named entity tions of regist	y submits this statement for ered agent.	the purpose of changing its r	egistere	ed office o	r registere	d agent, or b	oth, in the !	State of Flo	rida. I am	familiar with,	and accept
SIGNATURE .												
	Signature, typed	or printed name of registered agent a	od title if englished (MOTE)	Carrietara	Agent signet		han reinstation)			DATE		
			Thores (NOTE:	, ichamo.c.		une required w	· · · · · · · · · · · · · · · · · · ·					
FI	iling Fee i ue by May	s \$50.00	(NOTE:	10000000		ure required w	TOO TOO SIZE OF			a check p	payable to nent of Stat	<del>.</del>
Fi D	iling Fee i	s \$50.00		10.		ure required w	, , , , , , , , , , , , , , , , , , , ,	AC		e check p Departn	ent of Stat	e
9. IIILE	iling Fee i ue by May	s \$50.00 y 1, 2005 MANAGING MEMBER		10.		MGR	M		Florida	e check p Departn	ent of Stat	e 🗀 Addition
9. TITLE NAME	MGRM DOWNS,	s \$50.00 y 1, 2005 MANAGING MEMBER	RS/MANAGERS_	10. TITLE		MGR	M VS. TOM	_	Florida	a chack p Departm	Change	Addition
9. IIILE	MGRM DOWNS,	s \$50.00 y 1, 2005 MANAGING MEMBER	RS/MANAGERS_	10. TITLE NAME STREE		MGR DOWN 2050	M VS, TOM SOUTH	, PATA	Florida DITIONS/	e check posterior changes	Change	☐ Addition
9.  III'LE  NAME  STREET ADDRESS	MGRM DOWNS,	s \$50.00 y 1, 2005 MANAGING MEMBER	RS/MANAGERS_	10. TITLE NAME STREE	E E ET ADDRESS -ST-ZIP	MGR DOWN 2050	M VS, TOM SOUTH	, PATA	Florida DITIONS/	e check posterior changes	Change	☐ Addition
9.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MGRM DOWNS, 777 A1A INDIALAN MGRM LESSER,	MANAGING MEMBER TOM HTIC, FL 32903 MIKE	RS/MANAGERS Delete	10. TITLE NAME STREE CITY	E E ET ADDRESS - ST - ZIP	MGR DOWN 2050	M VS, TOM SOUTH	, PATA	Florida DITIONS/	e check posterior changes	Change  Suite 32937	☐ Addition
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11. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE