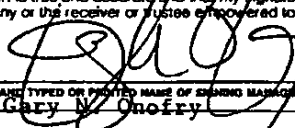


FILED
Mar 11, 2005 8:00 am
Secretary of State

02-04-2005 90104 005 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000083737			
1. Entity Name PBP HOLDINGS, LLC			
Principal Place of Business 300 BUTLER STREET WEST PALM BEACH, FL 33407		Mailing Address 300 BUTLER STREET WEST PALM BEACH, FL 33407	
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 59-2261344		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ONOFRY, GARY N PBP HOLDINGS, LLC 300 BUTLER STREET WEST PALM BEACH, FL 33407		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when renouncing)		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 CITY- ST- ZIP	MGRM COVE, HARVEY M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM IMBER, MICHAEL J M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BOLTON, THOMAS A M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LOFTON, STEVEN A M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ABIS, DAVID M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GAREN, PAUL D M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PHILLIPS, MARK G M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MORALES-DUCRET, CRJ M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WEISS, GARY A M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MULLEN, SANFORD A M.D. JR. 300 BUTLER STREET WEST PALM BEACH, FL 33407 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HAYES, JAMES M M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SARA, ALAN S M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407 ☐ Change ☒ Addition
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: 		1/21/05 561/659-0770	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

DOCUMENT # L04000083737					
1. Entity Name PBP HOLDINGS, LLC					
Principal Place of Business 300 BUTLER STREET WEST PALM BEACH, FL 33407			Mailing Address 300 BUTLER STREET WEST PALM BEACH, FL 33407		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01212005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 59-2261344				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ONOFRY, GARY N PBP HOLDINGS, LLC 300 BUTLER STREET WEST PALM BEACH, FL 33407			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reappointing)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COVE, HARVEY M.D. ☐ Delete 300 BUTLER STREET WEST PALM BEACH, FL 33407				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOLTON, THOMAS A M.D. ☐ Delete 300 BUTLER STREET WEST PALM BEACH, FL 33407				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ABIS, DAVID M.D. ☐ Delete 300 BUTLER STREET WEST PALM BEACH, FL 33407				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PHILLIPS, MARK G M.D. ☐ Delete 300 BUTLER STREET WEST PALM BEACH, FL 33407				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEISS, GARY A M.D. ☐ Delete 300 BUTLER STREET WEST PALM BEACH, FL 33407				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAYES, JAMES M M.D. ☐ Delete 300 BUTLER STREET WEST PALM BEACH, FL 33407				
10. ADDITIONS / CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZHANG, TAO M.D. ☐ Change ☒ Addition 300 BUTLER STREET WEST PALM BEACH, FL 33407				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ONOFRY, GARY N. ☐ Change ☒ Addition 300 BUTLER STREET WEST PALM BEACH, FL 33407				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
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: _____ Gary N. Onofry				1/21/05 561/659-0770	