2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

TYPED OR PRINTED NAME OF SIG

Secretary of State DOCUMENT # L04000083737 02-16-2006 90141 029 ****50.00 PBP HOLDINGS, LLC V V U U & I Z Principal Place of Business Mailing Address 300 BUTLER STREET **300 BUTLER STREET** WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 59-2261344 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ONOFRY, GARY N Street Address (P.O. Box Number is Not Acceptable) PBP HOLDINGS, LLC 300 BUTLER STREET WEST PALM BEACH, FL 33407 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM MGRM TITLE □ Delete T!TLE ☐ Change Addition COVE, HARVEY M.D. NAME NAME IMBER, MICHAEL J M.D. 300 BUTLER STREET STREET ADDRESS STREET ADDRESS 300 BUTLER STREET WEST PALM BEACH, FL 33407 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33407 MGRM TITLE ☐ Delete TITLE MGRM Addition BOLTON, THOMAS A M.D. LOFTON, STEVEN A M.D. 300 BUTLER STREET NAME NAME 300 BUTLER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-ST-ZIP WEST PALM BEACH, FL 33407 MGRM TITLE ☐ Delete TITLE ☐ Change Addition ABIS, DAVID M.D. NAME NAME GAREN, PAUL D M.D. 300 BUTLER STREET STREET ADDRESS STREET ADDRESS 300 BUTLER STREET WEST PALM BEACH, FL 33407 CITY-SI-7IP CITY-ST-ZIP WEST PALM BEACH, FL 33407 MGRM ☐ Delete TITI F TITLE ☐ Change Addition PHILLIPS, MARK G M.D. NAME MORALES-DUCRET, CRJ M.D. STREET ADDRESS 300 BUTLER STREET STREET ADDRESS 300 BUTLER STREET WEST PALM BEACH, FL 33407 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33407 TITLE MGRM ☐ Delete ☐ Change Addition MGRM WEISS, GARY A M.D. MULLEN, SANFORD A M.D. JR STREET ADDRESS 300 BUTLER STREET STREET ADDRESS WEST PALM BEACH, FL 33407 300 BUTLER STREET CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL TITLE MGRM ☐ Delete TITLE ☐ Change Addition MGRM SARA, ALAN S M.D. HAYES, JAMES M M.D. NAME 300 BUTLER STREET STREET ADDRESS STREET ADDRESS 300 BUTLER STREET WEST PALM BEACH, FL 33407 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL. 11. I hereby certify that the information supplied with this filing does a ot qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information te shall have the same legal effect as if made under oath; that I am a managing member or manager of the execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and accurate and that my signatulimited liability company or the receiver or trustee empowered to

NO MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 2/10/2006

FILED Feb 16, 2006 8:00 am

ATTACHMENT

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000083737 1. Entity Name PBP HOLDINGS, LLC										
. 2. 1102	5,100, 220							_		
Principal Place	Mailing Address	ing Address			20008272					
300 BUTLER STREET WEST PALM BEACH, FL 33407		300 BUTLER STREET West Palm Beach, FL 33407					1/0000	L 101		
WEST PALM I	33407		İ							
2. Principal Place of Business		3. Mailing Address				1 1 1	- 100		THE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02092006	Chg-LLC	CR2E0	83 (11/05)	
City & State		City & State				4. FEI Number 59-2261				plied For t Applicable
Zip	Country	Zip Coun		ntry		· 	of Status Desired		\$5.00 Add	litional
	6. Name and Address of Current F					7. Name and	Address of New	Registered .	Agent	
ONOFRY.	-	Name -		·						
PBP HOLE	DINGS, LLC ER STREET	Street			dress (i	P.O. Box Numbe	r is Not Acceptat	ole)		
	M BEACH, FL 33407									
·				City				FL	Zip Cod	е
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										
SIGNATORE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	ed Agent signature	required	when reinstating)		DATE		
Fi De						ike check p da Departm	eyable to ent of State			
9.	MANAGING MEMBER		10.				ADDITION	S/CHANGES		
TITLE NAME	MGRM COVE, HARVEY M.D.	☐ Delete	TITE		MGRI ZHAI	M NG, TAO 1	1.D.		☐ Change	Addition
STREET ADDRESS	300 BUTLER STREET		STR	EET ADDRESS		BUTLER S				
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		_			T PALM BI	EACH, FL	33407		
TITLE NAME	MGRM BOLTON, THOMAS A M.D.	☐ Delete	TETL NAN	<u> </u>	MGR	FRY, GAR	v N	•	Change	K k Addition
STREET ADDRESS	300 BUTLER STREET			EET ADDRESS		BUTLER S				
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		_	Y-ST-ZIP		T-PALM BI		33407		
TITLE NAME	MGRM - ABIS, DAVID-M.D	☐ Delete	TITI. • NAA	- 1	-			٠	☐ Change	☐ Addition
STREET ADDRESS	300 BUTLER STREET			EET ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	Поль	CIN THI	Y-ST-ZIP					Channe	T addition
NAME .	MGRM PHILLIPS, MARK G M.D.	☐ Delete	MAA						Change	Addition
STREET ADDRESS	300 BUTLER STREET			EET ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH, FL 33407 MGRM	Delete	TIM	Y-ST-ZIP LE		 -			Change	Addition
NAME	WEISS, GARY A M.D.		NAI	1					1_1 Vitalige	
STREET ADDRESS	300 BUTLER STREET			REET ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH, FL 33407 MGRM	Delete	7111	Y-ST-ZIP		 -			Change	☐ Addition
NAME	HAYES, JAMES M M.D.	Delicie	NAJ	ME					vango	
STREET ADDRESS	300 BUTLER STREET WEST PALM BEACH, FL 33407			NEET ADDRESS Y-ST-ZIP						
		this filing does not qualify fo			itained	in Chapter 119.	Florida Statutes.	I further certif	ly that the infe	ormation
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurage and that my explature 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 of these empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: 2/10/2006 561/659-0770										
SIGNATURE AND TYPED OR FRINTED NAME OF JENNING MANAGING JENBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #										