


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90141 029 \*\*\*\*50.00

<b>DOCUMENT # L04000083737</b> 1. Entity Name <b>PBP HOLDINGS, LLC</b>					
Principal Place of Business <b>300 BUTLER STREET WEST PALM BEACH, FL 33407</b>			Mailing Address <b>300 BUTLER STREET WEST PALM BEACH, FL 33407</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>ONOFRY, GARY N PBP HOLDINGS, LLC 300 BUTLER STREET WEST PALM BEACH, FL 33407</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM COVE, HARVEY M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM BOLTON, THOMAS A M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM ABIS, DAVID M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM PHILLIPS, MARK G M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM WEISS, GARY A M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM HAYES, JAMES M M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM IMBER, MICHAEL J M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LOFTON, STEVEN A M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM GAREN, PAUL D M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MORALES-DUCRET, CRJ M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MULLEN, SANFORD A M.D. JR 300 BUTLER STREET WEST PALM BEACH, FL 33407</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM SARA, ALAN S M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <b>Gary N. Onofry</b>			2/10/2006 561/659-0770 <small>Date Daytime Phone #</small>		

# ATTACHMENT

## 2006 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

20008272

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092006

Chg-LLC

CR2E083 (11/05)

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

7. Name and Address of New Registered Agent

ONOFRY, GARY N  
PBP HOLDINGS, LLC  
300 BUTLER STREET  
WEST PALM BEACH, FL 33407

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 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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	COVE, HARVEY M.D.	
STREET ADDRESS	300 BUTLER STREET	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BOLTON, THOMAS A M.D.	
STREET ADDRESS	300 BUTLER STREET	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ABIS, DAVID-M.D.-	
STREET ADDRESS	300 BUTLER STREET	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PHILLIPS, MARK G M.D.	
STREET ADDRESS	300 BUTLER STREET	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WEISS, GARY A M.D.	
STREET ADDRESS	300 BUTLER STREET	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HAYES, JAMES M M.D.	
STREET ADDRESS	300 BUTLER STREET	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZHANG, TAO M.D.	
STREET ADDRESS	300 BUTLER STREET	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONOFRY, GARY N.	
STREET ADDRESS	300 BUTLER STREET	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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

Gary N. Onofry

2/10/2006

Date

561/659-0770

Daytime Phone #