2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 19, 2007 8:00 am DOCUMENT # L04000083737 **Secretary of State** 1. Entity Name PBP HOLDINGS, LLC 01-19-2007 90062 036 ****50.00 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 Cha-LLC CR2E083 (12/06) 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 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ONOFRY, GARY N Street Address (P.O. Box Number is Not Acceptable) PBP HOLDINGS, LLC 300 BUTLER STREET WEST PALM BEACH, FL 33407 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, 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, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES HCRM 7ПТЕ MGRM Delete TITLE ☐ Change Addition GAREN, PAUL D M.D. COVE, HARVEY M.D. NAME MANE 300 BUTLER STREET STREET ADDRESS 300 BUTLER STREET STREET ADDRESS CITY-ST-7/P WEST PALM BEACH, FL 33407 CITY-ST-ZIP WEST PALM BEACH, FL 33407 MGRM MGRM TITLE Delete TITLE ☐ Change Addition BOLTON, THOMAS A M.D. NAME IMBER, MICHAEL J M.D. NAME STREET ADDRESS 300 BUTLER STREET STREET ADDRESS 300 BUTLER STREET CITY-ST-7IP WEST PALM BEACH, FL 33407 City-St-7P WEST PALM BEACH, FL 33407 MGRM TETLE Delete TITLE ☐ Change Addition ABIS, DAVID M.D. NAME LOFTON, STEVEN A M.D. STREET ADDRESS 300 BUTLER STREET STREET ADDRESS 300 BUTLER STREET CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-ST-ZIP WEST PALM BEACH, FL 33407 TME MGRM Delete ITLE ☐ Change [X] Addition MULLEN. SANFORD A JR M.D. NAME PHILLIPS, MARK G M.D. NAME 300 BUTLER STREET STREET ADDRESS 300 BUTLER STREET STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-ST-ZIP WEST PALM BEACH, FL 33407 MGRM TITLE MGRM Delete DITLE Change Addition SARA, ALAN S M.D. 300 BUTLER STREET WEISS, GARY A M.D. NAME NAME STREET ADDRESS 300 BUTLER STREET STREET ADDRESS 33407 WEST PALM BEACH, FL CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-ST-ZIP 1971 F MGRM Delete TITLE ☐ Change Addition MGRM NAME HAYES, JAMES M M.D. NAME ZHANG, TAO M.D. STREET ADDRESS 300 BUTLER STREET STREET ADDRESS 300 BUTLER STREET D71Y-ST-7/P WEST PALM BEACH, FL 33407 CITY-S1-7P WEST PALM REACH, FL. 33407 11. I hereby certify that the information supplied with this filting 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 agnature 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 true empowered to execute this report as required by Chapter 608, Florida Statutes. 01/16/2007 561/659-0770 ING MANAGING MEMBE R. MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone

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DOCUMENT # L04000083737 1. Entity Name PBP HOLDINGS, LLS. ATTACHMENT Principal Place of Business Mailing Address 60003990 300 BUTLER STREET 300 BUTLER STREET WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 75 IS IS 1 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 59-2261344 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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) Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MCR TITLE MGRM ☐ Delete TITLE **⊠** Addition Change COVE, HARVEY M.D. ONOFRY, GARY N MAME NAME STREET ADDRESS 300 BUTLER STREET STREET ADORESS 300 BUTLER STREET CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-ST-7IP WEST PALM BEACH, FL 33407 MGRM TITLE Delete 1111.8 Change ■ Addition NAME BOLTON, THOMAS A M.D. NAME STREET ADDRESS 300 BUTLER STREET STREET ADDRESS CITY+ST-ZIP WEST PALM BEACH, FL 33407 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change ■ Addition NAME ABIS, DAVID M.D. NAME STREET ADDRESS 300 BUTLER STREET STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-ST-ZIP TITLE __ MGRM ☐ Delete UILE ☐ Change Addition NAME PHILLIPS, MARK G M.D. NAM STREET ADDRESS 300 BUTLER STREET STREET ADDRESS CHY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-ST-ZIP TITLE ☐ Defete MGRM TITLE Change ☐ Addition NAME WEISS, GARY A M.D. NAMI STREET ADDRESS 300 BUTLER STREET STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY+ST-7iP TITLE MGRM ☐ Delete HILE ☐ Change ☐ Addition HAYES, JAMES M M.D. NAME NAME 300 BUTLER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-S1-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 receives or trustife emportaged to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: ____ 01/16/2007 561/659-0770 TYPED OR PRI EMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #