


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90062 036 \*\*\*\*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>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>59-2261344</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

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	
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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, 2007**

**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. <input type="checkbox"/> Delete 300 BUTLER STREET WEST PALM BEACH, FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAREN, PAUL D M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300 BUTLER STREET WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOLTON, THOMAS A M.D. <input type="checkbox"/> Delete 300 BUTLER STREET WEST PALM BEACH, FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IMBER, MICHAEL J M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300 BUTLER STREET WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABIS, DAVID M.D. <input type="checkbox"/> Delete 300 BUTLER STREET WEST PALM BEACH, FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOFTON, STEVEN A M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300 BUTLER STREET WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILLIPS, MARK G M.D. <input type="checkbox"/> Delete 300 BUTLER STREET WEST PALM BEACH, FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MULLEN, SANFORD A JR M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300 BUTLER STREET WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISS, GARY A M.D. <input type="checkbox"/> Delete 300 BUTLER STREET WEST PALM BEACH, FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARA, ALAN S M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300 BUTLER STREET WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYES, JAMES M M.D. <input type="checkbox"/> Delete 300 BUTLER STREET WEST PALM BEACH, FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZHANG, TAO M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300 BUTLER STREET WEST PALM BEACH, FL 33407

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 recorder 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

01/16/2007

Date

561/659-0770

Daytime Phone #

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000083737</b> 1. Entity Name <b>PBP HOLDINGS, LLC</b>						<h2 style="margin: 0;">ATTACHMENT</h2> <p style="font-size: 24px; margin: 0;">60003990</p>	
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 - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip				City & State Zip			
4. FEI Number <b>59-2261344</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>ONOFRY, GARY N PBP HOLDINGS, LLC 300 BUTLER STREET WEST PALM BEACH, FL 33407</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 reinstating) DATE _____							
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
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>MGR ONOFRY, GARY N 300 BUTLER STREET WEST PALM BEACH, FL 33407</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				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"/> Change <input type="checkbox"/> Addition			
<b>MGRM ABIS, DAVID M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>MGRM PHILLIPS, MARK G M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>MGRM WEISS, GARY A M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>MGRM HAYES, JAMES M M.D. 300 BUTLER STREET WEST PALM BEACH, FL 33407</b>				<input type="checkbox"/> Change <input 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> _____				01/16/2007		561/659-0770	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #	