2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90064 021 ***138.75

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1. Entity Name
PBP HOLDINGS, LLC

60004630

Principal Place of Business	Mailing Address
300 BUTLER STREET WEST PALM BEACH, FL 33407	300 BUTLER STREET WEST PALM BEACH, FL 33407

01162008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
ONOFRY, GARY N PBP HOLDINGS, LLC 300 BUTLER STREET WEST PALM BEACH, FL 33407	Name: Norma Jean Ashley Street Address: 300 Butler Street (P.O. Box is not acceptable) City: West Palm Beach FL Zip Code: 33407

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: Norma Jean Ashley — 01/16/2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

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 ZHANG, TAO 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	MGR ASHLEY, NORMA JEAN 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	MGR ONOFRY, GARY N. 300 BUTLER STREET WEST PALM BEACH, FL 33407	☐ Change ☐ Addition X Delete
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 SARA, ALAN S 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		☐ 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		☐ Change ☐ 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.

SIGNATURE: 01/17/2008 561/659-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #