

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083737

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: PBP HOLDINGS, LLC

## Current Principal Place of Business:

300 BUTLER STREET  
WEST PALM BEACH, FL 33407

## New Principal Place of Business:

## Current Mailing Address:

300 BUTLER STREET  
WEST PALM BEACH, FL 33407

## New Mailing Address:

FEI Number: 59-2261344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ASHLEY, NORMA J  
PBP HOLDINGS, LLC  
300 BUTLER STREET  
WEST PALM BEACH, FL 33407 US

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.

SIGNATURE: NORMA JEAN ASHLEY

02/18/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: COVE, HARVEY M.D.  
Address: 300 BUTLER STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM ( ) Delete  
Name: BOLTON, THOMAS A M.D.  
Address: 300 BUTLER STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM ( ) Delete  
Name: ABIS, DAVID M.D.  
Address: 300 BUTLER STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM (X) Delete  
Name: PHILLIPS, MARK G M.D.  
Address: 300 BUTLER STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM (X) Delete  
Name: WEISS, GARY A M.D.  
Address: 300 BUTLER STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM (X) Delete  
Name: HAYES, JAMES M M.D.  
Address: 300 BUTLER STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

## ADDITIONS/CHANGES:

Title: PD (X) Change ( ) Addition  
Name: SARA, ALAN S M.D.  
Address: 300 BUTLER STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SD (X) Change ( ) Addition  
Name: ABIS, DAVID M.D.  
Address: 300 BUTLER STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TD (X) Change ( ) Addition  
Name: LOFTON, STEVEN A M.D.  
Address: 300 BUTLER STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAN S SARA

PD

02/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date