



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90264 021 ***143.75

DOCUMENT # L04000091302					
1. Entity Name PAUL BRENT DEVELOPMENT GROUP, L.L.C.					
Principal Place of Business 2275 S. FEDERAL HWY STE. 270 DELRAY BEACH, FL 33483			Mailing Address 2275 S. FEDERAL HWY STE. 270 DELRAY BEACH, FL 33483		
2. Principal Place of Business - No P.O. Box # 2275 S Federal Hwy Suite, Apt. #, etc. Suite 330		3. Mailing Address 2275 S Federal Hwy Suite, Apt. #, etc. Suite 330			
City & State Delray Beach FL		City & State Delray Beach FL		4. FEI Number 20-2017392	
Zip 33483		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GLOBERMAN, BARRY 2275 SOUTH FEDERAL HWY SUITE 270 DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name: GLOBERMAN BARRY Street Address (P.O. Box Number is Not Acceptable): 2275 S Federal Hwy Suite 330 City: Delray Beach FL Zip Code: 33483		
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: <i>Barry Globerman</i> (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 GLOBERMAN, BARRY 2901 CLINT MOORE ROAD, #259 BOCA RATON, FL 33496		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLOBERMAN, BARRY 2275 S Federal Hwy Suite 330 Delray Beach FL 33483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
SIGNATURE: <i>Barry Globerman</i>			3-13-08 561.676.7031		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		