

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000093139

1. Entity Name  
PBP PROPERTIES, LLC



Principal Place of Business  
1804 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33803

Mailing Address  
P.O. BOX 8843  
LAKELAND, FL 33806

**DO NOT WRITE IN THIS SPACE**

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**FILED  
Mar 14, 2006 8:00 am  
Secretary of State**

02-27-2006 90429 023 \*\*\*\*50.00

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01052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2546054	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FERGUSON, KEN III  
1804 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33803

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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 remitting) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE M  
NAME FERGUSON, KEN III  
STREET ADDRESS 1804 SOUTH FLORIDA AVENUE  
CITY-ST-ZIP LAKELAND, FL 33803

TITLE M  
NAME FERGUSON, KENNETH G.S. II  
STREET ADDRESS 1804 SOUTH FLORIDA AVENUE  
CITY-ST-ZIP LAKELAND, FL 33803

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE M  
NAME FERGUSON, KENNETH G.S. II  
STREET ADDRESS 1804 SOUTH FLORIDA AVENUE  
CITY-ST-ZIP LAKELAND, FL 33803

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

863 688 1227



ATTACHMENT  
30002460

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

PBP PROPERTIES, LLC  
P.O. BOX 8843  
LAKELAND, FL 33806

Subject: **PBP PROPERTIES, LLC**

Reference Number: **L04000093129**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional ~~questions or need further assistance~~, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION