

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90042 031 ****50.00

DOCUMENT # L05000022084

1. Entity Name
PBG INVESTMENTS LLC



Principal Place of Business
**702 RESORT LANE
PALM BEACH GARDENS, FL 33418**

Mailing Address
**702 RESORT LANE
PALM BEACH GARDENS, FL 33418**

20034744



2. Principal Place of Business

3. Mailing Address
702 RESORT LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182006 Chg-LLC CR2E083 (11/05)

City & State

City & State
Palm Beach Gardens, FL

4. FEI Number
20-2461437

Applied For
Not Applicable

Zip

Country

Zip

Country

33418

Palm Beach

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

**BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960**

Name **GERALD LAWRENCE**

Street Address (P.O. Box Number is Not Acceptable)

702 RESORT LANE

City **Palm Beach Gardens**

FL

Zip Code
33418

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

4/18/06

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME **MGRM LAWRENCE, GERALD** ☐ Delete
STREET ADDRESS **602 RESORT LANE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE
NAME **702 RESORT LANE** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **MGRM LAWRENCE, MARY LOUISE** ☐ Delete
STREET ADDRESS **602 RESORT LANE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE
NAME **702 RESORT LANE** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/18/06 561-624-1445