

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000059746

Entity Name: PBRIA, LLC

**FILED**  
**Feb 09, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

C/O DAVID E. BOWERS, ESQ.  
505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DAVID E. BOWERS, ESQ.  
505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FORMAN, WALTER M.D.  
Address: 733 US HIGHWAY 1  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDITIONS/CHANGES:**

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: WALTER FORMAN, M.D.

MGR

02/09/2009

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