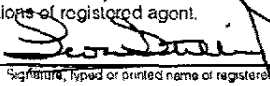


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000068192					
1. Entity Name P.B. OPTIONS, LLC					
Principal Place of Business 1701 S. FLAGLER DRIVE 406 WEST PALM BEACH FL 33401			Mailing Address 1701 S. FLAGLER DRIVE 406 WEST PALM BEACH FL 33401		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip			3. Mailing Address Suite, Apt. #, etc. City & State Zip		
Country			Country		
4. FEI Number 76-0797195			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent STELLINGS, LEON 1701 S. FLAGLER DRIVE #406 WEST PALM BEACH FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  PRON. LEON STELLINGS JAN, 29, 2007 Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STELLINGS, LEON 1701 S FLAGLER DR., #406 WEST PALM BEACH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	L000000617101 02/07/07-80058-022 50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HEARD, JAMES 7701 PINE ISLAND WAY WEST PALM BEACH FL 33411	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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1st MOORE CR2E063 (10/06)

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  PRON. LEON STELLINGS JAN, 29, 2007 (561) 655-9244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #