2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000068192

1. Entity Name
P.B. OPTIONS, LLC

01052008   Chg-LLC   CR2E083 (12/06)

Principal Place of Business	Mailing Address
1701 S. FLAGLER DRIVE 406 WEST PALM BEACH, FL 33401	1701 S. FLAGLER DRIVE 406 WEST PALM BEACH, FL 33401
2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip 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	**7. Name and Address of New Registered Agent**
STELLINGS, LEON 1701 S. FLAGLER DRIVE #406 WEST PALM BEACH, FL 33401	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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	P	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	STELLINGS, LEON		NAME			
STREET ADDRESS	1701 S FLAGLER DR., #406		STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP			
TITLE	VICE PRESIDENT	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	STELLINGS PAMELA		NAME			
STREET ADDRESS	1801 S. Michigan AVE # 606		STREET ADDRESS			
CITY-ST-ZIP	Chicago, IL 60616		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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.
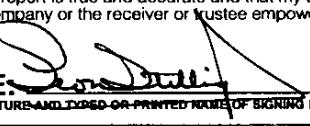
SIGNATURE: _LEON STELLINGS Pres._   JAN.07.2008   (561) 655-9244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #