2007 LWITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000093197

1. Enlity Name
PLB, LLC

FILED
Jan 08, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

2036 KENSINGTON RUN DRIVE ORLANDO, FL 32828 2036 KENSINGTON RUN DRIVE ORLANDO, FL 32828



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PATRICIA L. BRUCHOK

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

SIGNATURE: Potricia J. Bruchol

SCHICK, DAVID L ESQ. 301 EAST PINE STREET, SUITE 1400 ORLANDO, FL 32801

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SIGNATURE			
SIGNATURE.	Signalure, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	· MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATRICIA L BRUCHOK TRUST 2036 KENSINGTON RUN DRIVE ORLANDO, FL 32828		U00000578628 01/09/07-80036-023 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·
11. I hereby certify that the information supplied with this filling 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.			

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