


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000104353 1. Entity Name PBK, LLC	
--	---

Principal Place of Business 1230 N.W. 7 STREET MIAMI, FL 33125	Mailing Address 1230 N.W. 7 STREET MIAMI, FL 33125
--	--

DO NOT WRITE IN THIS SPACE



01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 14-1941654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LYONS, MICHAEL D ESQ. 1230 N.W. 7 STREET MIAMI, FL 33125

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000583649
01/22/07-80041-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYONS, PATRICIA L 1230 N.W. 7 STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EHRlich, BARBARA J 1410 PATRIOTS DRIVE HENDERSONVILLE, NJ 28739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMON, KENNETH M 2721 S.W. 27TH AVENUE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

PATRICIA LYONS

1-16-07

3053241100

Date

Daytime Phone #