

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90039 013 \*\*\*\*50.00

**DOCUMENT # L05000117307**

1. Entity Name  
PBD ACQUISITIONS OPPORTUNITY FUND, LLC



Principal Place of Business  
26381 SOUTH TAMiami TRAIL  
SUITE 300  
BONITA SPRINGS, FL 34134

Mailing Address  
26381 SOUTH TAMiami TRAIL  
SUITE 300  
BONITA SPRINGS, FL 34134

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-3939011

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Applied For  
Not Applicable



6. Name and Address of Current Registered Agent  
CONROY, J. THOMAS III  
2210 VANDERBILT BEACH ROAD, SUITE 1201  
NAPLES, FL 34109

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NASHMAN, JAMES A 26381 SOUTH TAMiami TRAIL, SUITE 300 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

4/23/07