


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90053 016 \*\*\*138.75

|   |  |  |  |   |   |
|---|--|--|--|---|---|
| <b>DOCUMENT # L05000119221</b>  |  |  |  |  |   |
| <b>1. Entity Name</b><br>PWYBHB LLC   |  |  |  |   |   |
| <b>Principal Place of Business</b><br>42 SOUTH PENINSULA DRIVE<br>DAYTONA BEACH, FL 32118 US  |  |  | <b>Mailing Address</b><br>42 SOUTH PENINSULA DRIVE<br>DAYTONA BEACH, FL 32118 US |   |   |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  |  | <b>3. Mailing Address</b>  |   |   |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.  |   |   |
| City & State  |  |  | City & State   |   |   |
| Zip   |  | Country                                    |  | Zip   |   |
| Country   |  | Country                                    |  | 01102008 Chg-LLC CR2E083 (12/06)  |   |
| <b>4. FEI Number</b><br>20-3938924  |  |  |  | Applied For<br>Not Applicable   |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |  | <b>\$5.00 Additional Fee Required</b>   |   |
| <b>6. Name and Address of Current Registered Agent</b>  |  |  |  | <b>7. Name and Address of New Registered Agent</b>                                |   |
| BOLERJACK, DANIEL J<br>42 SOUTH PENINSULA DRIVE<br>DAYTONA BEACH, FL 32118  |  |  |  | Name  |   |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable)                                |   |
|   |  |  |  | City  |   |
|   |  |  |  | FL Zip Code   |   |
| <b>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.</b>  |  |  |  |   |   |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |  |   |   |
| Signature, typed or printed name of registered agent and title if applicable  |  |  |  |   |   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |  |  | <b>Make check payable to:</b><br><b>Florida Department of State</b>              |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>   |   |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | MGR<br>BOLERJACK, DANIEL J<br>42 SOUTH PENINSULA DRIVE<br>DAYTONA BEACH, FL 32118  | <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>       |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | MGR<br>PERRY, BRANDON S<br>42 SOUTH PENINSULA DRIVE<br>DAYTONA BEACH, FL 32118     | <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>       |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | MGR<br>WHITE-YOUNG, BEVERLY<br>42 SOUTH PENINSULA DRIVE<br>DAYTONA BEACH, FL 32118 | <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>       |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | MGR<br>BOWLING, EVA F<br>42 SOUTH PENINSULA DRIVE<br>DAYTONA BEACH, FL 32118       | <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>       |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | MGR<br>HALSEMA, MICHAEL D<br>42 SOUTH PENINSULA DRIVE<br>DAYTONA BEACH, FL 32118   | <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>       |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  |  | <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>       |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |  |  |  |   |   |
| <b>SIGNATURE:</b> <i>Dan Bolerjack</i>  |  |  | 1-10-08 253-0677   |   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  | Date Daytime Phone #   |   |   |