2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State
02-20-2007 90369 026 ****55.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000000823

1. Entity Name
PB SHORES SPE, LLC

Principal Place of Business	Mailing Address
1373 VETERANS MEMORIAL HIGHWAY, SUITE HAUPPAUGE NY 11788	1373 VETERANS MEMORIAL HIGHWAY, SUITE HAUPPAUGE NY 11788

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 101 DAVISON LANE W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State WISLIP N.Y.
Zip / Country	Zip 11795 / Country USA

4. FEI Number 20-413 8996 — 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
BRAZEL, RICHARD 14876 ENCLAVE LAKES DRIVE, APT. T-3 DELRAY BEACH FL 33484	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 resigning) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER/MEMBER RICHARD BRAZEL 14876 ENCLAVE LAKES DR APT T-3 DELRAY BEACH FLA 33484 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Richard Brazel 1/26/07 (561)504-7401

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