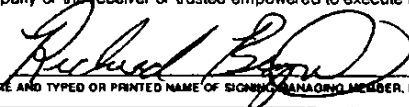


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

02-20-2007 90369 026 ****55.00

DOCUMENT # L06000000823 1. Entity Name PB SHORES SPE, LLC					
Principal Place of Business 1373 VETERANS MEMORIAL HIGHWAY, SUITE HAUPPAUGE NY 11788			Mailing Address 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 Wisconsin NY		4. SSN Number 20-413 8996	
Zip		Country USA		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BRAZEL, RICHARD 14876 ENCLAVE LAKES DRIVE, APT. T-3 DELRAY BEACH FL 33484	
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 re-registering) 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 MANAGER/MEMBER	NAME Richard Brazel		TITLE ☐ Change ☐ Addition		
STREET ADDRESS 14876 Enclave Lakes Dr Apt T-3	CITY- ST- ZIP DeLray Beach FLA 33484		NAME ☐ Change ☐ Addition		
CITY- ST- ZIP ☐ Delete	STREET ADDRESS ☐ Delete		CITY- ST- ZIP ☐ Change ☐ Addition		
NAME ☐ Delete	STREET ADDRESS ☐ Delete		CITY- ST- ZIP ☐ Change ☐ Addition		
CITY- ST- ZIP ☐ Delete	STREET ADDRESS ☐ Delete		CITY- ST- ZIP ☐ Change ☐ Addition		
NAME ☐ Delete	STREET ADDRESS ☐ Delete		CITY- ST- ZIP ☐ Change ☐ Addition		
CITY- ST- ZIP ☐ Delete	STREET ADDRESS ☐ Delete		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: 				Date 1/26/07 (56) 504-7901	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					