2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 27, 2007 8:00 am Secretary of State **DOCUMENT # L06000022528** 02-27-2007 90080 041 ****50.00 PBS HOLDINGS, LLC Principal Place of Business Mailing Address 225 BECKRICH ROAD 225 BECKRICH ROAD PANAMA CITY BEACH, FL 32407 PANAMA CITY BEACH, FL 32407 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8060 Lavelle Way 8001 Lavelle Way Suite, Apt. #, etc. Suite, Apt. #, etc. 02112007 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number 20-4465977 City & State Applied For Pensacola Pensacola Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Yogesh Patel JOHN R. GREEN, P.A. Street Address (P.O. Box Number is Not Acceptable) 24 W. 8TH STREET PANAMA CITY, FL 8001 Lavelle 8. The above named entity submits this statement for the europee 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. 02-12-2007 SIGNATURE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE Change ☐ Addition PATEL. NARESH NAME NAME STREET ADDRESS 225 BECKRICH ROAD STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 CITY-ST-ZIP **MGRM** TITLE ☐ Delete TITLE Change Addition SHAH, MAHESH NAME STREET ADDRESS 504 PARKWOOD DRIVE STREET ADDRESS CITY-ST-7IP PANAMA CITY, FL 32405 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Addition BHAKTA, JITENDRA NAME NAME STREET ADDRESS 5239 OAK DRIVE STREET ADDRESS CITY-ST-ZIP MARIANNA, FL 32446 CITY-ST-ZIP MGRM ☐ Defete TITLE ☐ Addition PATEL, YOGESH 8001 Lavelle Way Pensawa, FL 32526 PATEL, YOGESH NAME NAME STREET ADDRESS **501 S. MORTON STREET** STREET ADDRESS CITY-ST-ZIP FRANKLIN, IN 461318905 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 our store empowered to execute this report as required by Chapter 608. Florida Statutes.

JRE: Yogesh Patel 02-12-07 850-941-8902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Disputing Proper

SIGNATURE:

FILED