

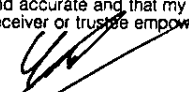


**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000022528</b> 1. Entity Name <b>PBS HOLDINGS, LLC</b>			<b>Apr 17, 2008 08:00</b> <b>Secretary of State</b>		
Principal Place of Business <b>8060 LAVELLE WAY PENSACOLA, FL 32526</b>		Mailing Address <b>8001 LAVELLE WAY PENSACOLA, FL 32526</b>			
DO NOT WRITE IN THIS SPACE		 <b>04112008No Chg-LLC      CR2E083 (12/07)</b>			
		4. FEI Number <b>20-4465977</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>YOGESH, PATEL 8001 LAVELLE WAY PENSACOLA, FL 32526</b>		DO NOT WRITE IN THIS SPACE			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>					
9. MANAGING MEMBERS/MANAGERS		UD00000304823 05/01/08 00020 013 138.75			
TITLE	MGRM	DO NOT WRITE IN THIS SPACE			
NAME	PATEL, NARESH				
STREET ADDRESS	225 BECKRICH ROAD				
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407				
TITLE	MGRM				
NAME	SHAH, MAHESH				
STREET ADDRESS	504 PARKWOOD DRIVE				
CITY-ST-ZIP	PANAMA CITY, FL 32405				
TITLE	MGRM				
NAME	BHAKTA, JITENDRA				
STREET ADDRESS	5239 OAK DRIVE				
CITY-ST-ZIP	MARIANNA, FL 32446				
TITLE	MGRM				
NAME	PATEL, YOGESH				
STREET ADDRESS	8001 LAVELLE WAY				
CITY-ST-ZIP	PENSACOLA, FL 32526				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  <b>Yogesh Patel Member</b> <b>04-11-08</b> <b>850-944-0332</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #					