2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051041

Entity Name: PB, LLC

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5011 GATE PARKWAY 375 ATLANTIC BOULEVARD

SUITE 150 SUITE 200

JACKSONVILLE, FL 32256 ATLANTIC BEACH, FL 32233

Current Mailing Address: New Mailing Address:

5011 GATE PARKWAY 375 ATLANTIC BOULEVARD SUITE 200 SUITE 150

JACKSONVILLE, FL 32256 ATLANTIC BEACH, FL 32233

FEI Number: 59-3637767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PETWAY, THOMAS F IV PETWAY, THOMAS F IV 5011 GATE PARKWAY 375 ATLÁNTIC BOULEVARD SUITE 200

SUITE 150 JACKSONVILLE, FL 32256 US

ATLANTIC BEACH, FL 32233 US

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.

SIGNATURE: 04/14/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete Title: (X) Change () Addition PETWAY, THOMAS F IV PETWAY, THOMAS F IV Name: Name:

Address: 5011 GATE PARKWAY, SUITE 150 Address: 375 ATLANTIC BOULEVARD City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MGRM () Delete Title: () Change () Addition

Name: BRYAN, SHELDON C Name: Address: 66 DEWEES AVE Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TY PETWAY 04/14/2009