


FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90207 036 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000068372			
1. Entity Name PB BUZZ LLC			
Principal Place of Business 33 GALE LANE ORMOND BEACH, FL 32174		Mailing Address PO BOX 731835 ORMOND BEACH, FL 32173-1835	
2. Principal Place of Business - No P.O. Box # 810 Millstream Ln.		3. Mailing Address PO Box 731835	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ormond Beach		City & State Ormond Beach	
Zip 32174		Zip 32173	
Country Volusia		Country Volusia	
4. FEI Number 14-1983779		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GILLIES, SALLY L 33 GALE LANE ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name 810 Millstream Lane City Ormond Beach FL Zip Code 32174	
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 Sally Gillies, MGRM		SALLY GILLIES 2-21-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
MGRM GILLIES, SALLY 33 GALE LANE ORMOND BEACH, FL 32174			
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: Sally Gillies, MGRM		SALLY GILLIES 2-21-07 386-689-5222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	