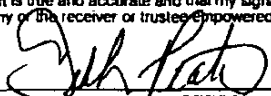


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

02-26-2007 90309 019 ****50.00

DOCUMENT # L06000076712 1. Entity Name PBS LAND GROUP, LLC					
Principal Place of Business 339 SW 75 AV. BELL, FL 32619			Mailing Address 339 SW 75 AV. BELL, FL 32619		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PEATON, DEBORAH H 1737 W. NORTH A ST. TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 65-1288940 ☐ Applied For ☒ Not Applicable					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
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)					
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	MGRM PEATON, KEITH V 339 SW 75 AV. BELL, FL 32619	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOWDEN, DAVID 339 SW 75 AV. BELL, FL 32619	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STALLINGS, JOHN 339 SW 75 AV. BELL, FL 32619	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEATON, DEBORAH 339 SW 75 AV. BELL, FL 32619	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOWDEN, REBECCA 339 SW 75 AV. BELL, FL 32619	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STALLINGS, DEBORAH 339 SW 75 AV. BELL, FL 32619	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STALLINGS, DEBORAH 339 SW 75 AV. BELL, FL 32619	☐ Delete			
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:  2/2/07 813-240-9267					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					