

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076712

Entity Name: PBS LAND GROUP, LLC

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

339 SW 75 AV.
BELL, FL 32619

New Principal Place of Business:

7809 SW 10 STREET
BELL, FL 32619

Current Mailing Address:

339 SW 75 AV.
BELL, FL 32619

New Mailing Address:

694 SE ASHLEY OAKS WAY
STUART, FL 34997

FEI Number: 65-1288940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEATON, DEBORAH H
1737 W. NORTH A ST.
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

STALLINGS, JOHN C
694 SE ASHLEY OAKS WAY
STUART, FL 34997 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: JOHN C STALLINGS

01/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEATON, KEITH V
Address: 339 SW 75 AV.
City-St-Zip: BELL, FL 32619

Title: MGRM () Delete
Name: BOWDEN, DAVID
Address: 339 SW 75 AV.
City-St-Zip: BELL, FL 32619

Title: MGRM () Delete
Name: STALLINGS, JOHN
Address: 339 SW 75 AV.
City-St-Zip: BELL, FL 32619

Title: MGRM () Delete
Name: PEATON, DEBORAH
Address: 339 SW 75 AV.
City-St-Zip: BELL, FL 32619

Title: MGRM (X) Delete
Name: BOWDEN, REBECCA
Address: 339 SW 75 AV.
City-St-Zip: BELL, FL 32619

Title: MGRM (X) Delete
Name: STALLINGS, DEBORAH
Address: 339 SW 75 AV.
City-St-Zip: BELL, FL 32619

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STALLINGS, JOHN C
Address: 694 SE ASHLEY OAKS WAY
City-St-Zip: STUART, FL 34997

Title: MGRM (X) Change () Addition
Name: BOWDEN, DAVID
Address: 7809 SW 10 STREET
City-St-Zip: BELL, FL 32619

Title: MGRM (X) Change () Addition
Name: STALLINGS, DEBORAH
Address: 694 SW ASHLEY OAKS WAY
City-St-Zip: STUART, FL 34997

Title: MGRM (X) Change () Addition
Name: BOWDEN, REBECCA
Address: 7809 SW 10 STREET
City-St-Zip: BELL, FL 32619

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JOHN C STALLINGS

MGRM

01/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date