

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90085 010 ***138.75

DOCUMENT # L07000082738	
1. Entity Name PBRI, LLC	

Principal Place of Business 12006 N. EDGEWATER DRIVE PALM BEACH GARDENS FL 33410 US	Mailing Address 12006 N. EDGEWATER DRIVE PALM BEACH GARDENS FL 33410 US
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2. Principal Place of Business - No P.O. Box # 12006 N. Edgewater Dr	3. Mailing Address 12006 N. Edgewater Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

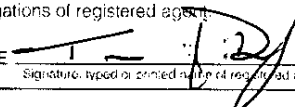
1st MOORE CR2E083 (10/07)

City & State Palm Beach Gardens	City & State Palm Beach Gardens
Zip 33410	Zip 33410
Country Palm Beach	Country Palm Beach

4. FEI Number 26-0682511	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BUIST, R.SCOTT 745 US HWY ONE SUITE 102 NORTH PALM BEACH FL 33408	
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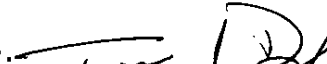
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DALY, TERRANCE J 12006 N.EDGEWATER DRIVE PALM BEACH GARDENS FL 33410 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM M'RABET, MOHAMED 12006 N.EDGEWATER DRIVE PALM BEACH GARDENS FL 33410 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 603, Florida Statutes.	
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SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Register Print #
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