

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000001042

1. Entity Name  
PABLO BEACH PROPERTIES, L.L.C.



Principal Place of Business  
ONE INDEPENDENT DRIVE  
SUITE 114  
JACKSONVILLE, FL 32202

Mailing Address  
ONE INDEPENDENT DRIVE  
SUITE 114  
JACKSONVILLE, FL 32202



04052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3565107

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

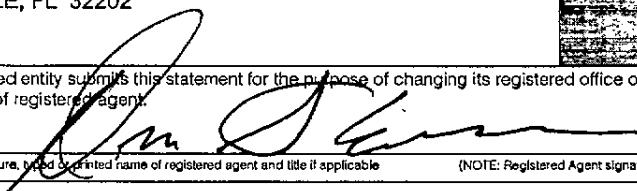
**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

EVANS, WILLIAM G  
ONE INDEPENDENT DRIVE  
SUITE 114  
JACKSONVILLE, FL 32202

**DO NOT WRITE  
IN THIS SPACE**

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   
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000125739  
04/23/04-60006-015 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
LINKS AT PABLO BEACH, L.L.C.  
ONE INDEPENDENT DRIVE, SUITE 114  
JACKSONVILLE, FL 32202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PAMI PABLO BEACH, INC  
399 PARK AVE 8TH FLR  
NEW YORK, NY 10022

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

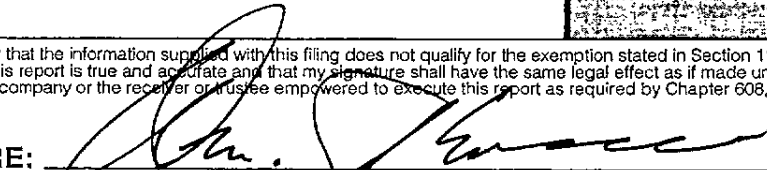
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/20/04 (904)356-1978  
Date Daytime Phone #