

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # M02000001598		
1. Entity Name DINEX PB MANAGEMENT, LLC		
Principal Place of Business 301 AUSTRALIAN AVE. PALM BEACH, FL 33480	Mailing Address C/O THE DINEX GROUP 16 EAST 40TH STREET NEW YORK, NY 10016	 01042007 No Chg-LLC CR2E083 (11/05)
DO NOT WRITE IN THIS SPACE		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent DORON, MARCEL 301 AUSTRALIAN AVE. C/O CAFE BOULUA PALM BEACH, FL 33480		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.		
Filing Fee is \$50.00 Due by May 1, 2007 000000595329 01/23/07-80033-024 50.00		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE DINEX GROUP, LLC 16 EAST 40TH STREET NEW YORK, NY 10016	
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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:  MARCEL DORON 1/4/07 SIGNATURE AND TYPED-OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		