2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000002992

1. Entity Name
PBPC MEMBER LLC

Principal Place of Business	Mailing Address
15 MAIDEN LANE, STE. 1300 NEW YORK, NY 10038	15 MAIDEN LANE, STE. 1300 NEW YORK, NY 10038

DO NOT WRITE IN THIS SPACE

01242007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3762628	Not Applicable

5. Certificate of Status Desired	☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

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, 2007

U00000750593
05/18/07-80070-001 400.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	HELLER, MELVIN
STREET ADDRESS	15 MAIDEN LANE, STE. 1300
CITY-ST-ZIP	NEW YORK, NY 10038
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	
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 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Michael Walters_   MICHAEL WALTERS   4/26/07   (561)655-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #