


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90046 001 *1,510.00

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| DOCUMENT # M05000003310 |  |
| 1. Entity Name PCB EAST BAY 1130, LLC | |

30010632



07082008 Chg-LLC CR2E083 (12/06)

| | | | |
|---|---------|--|---------|
| Principal Place of Business 1170 PEACHTREE STREET, SUITE 2350 ATLANTA, GA 30309 | | Mailing Address 1170 PEACHTREE STREET, SUITE 2350 ATLANTA, GA 30309 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 20-0847850 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent POWELL, THOMAS S 11741 POSTON RD PANAMA CITY, FL 32404 | | 7. Name and Address of New Registered Agent Name <u>SHAIENORA, PAUL</u> Street Address (P.O. Box Number is Not Acceptable) <u>11741 POSTON ROAD</u> City <u>PANAMA CITY</u> FL Zip Code <u>32404</u> | |
| 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 <u>X [Signature]</u> | | DATE <u>7/9/08</u> | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SHAIENDRA, M 1170 PEACHTREE STREET, SUITE 2350 ATLANTA, GA 30309 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 7/9/08 Daytime Phone # 404-591-6709