

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90034 024 ****50.00

DOCUMENT # L02000026001
 1. Entity Name
PENNOCK BUSINESS CENTER, L.L.C.



Principal Place of Business Mailing Address
501 MAPLEWOOD DRIVE PO BOX 3351
JUPITER FL 33458 JUPITER FL 33469

24046677



MOORE CR2E083 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc.: Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **56-2297240** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
GIRVIN, D R ESQ.
OCEANSIDE PROFESSIONAL CENTRE
1080 EAST INDIANTOWN ROAD, SUITE 102
JUPITER FL 33477

7. Name and Address of New Registered Agent
 Name **R. C. RATHKE**
 Street Address (P.O. Box Number is Not Acceptable)
501 MAPLEWOOD DR.
 City **JUPITER** FL Zip Code **33458**

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 R. C. Rathke **R. C. RATHKE** DATE **4/15/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	RATHKE, RICHARD C	
STREET ADDRESS	501 MAPLEWOOD DR.	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE	S	<input type="checkbox"/> Delete
NAME	GORE, GEARE	
STREET ADDRESS	501 MAPLEWOOD DR.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: R. C. Rathke **R. C. RATHKE** DATE **4/15/04** DAYTIME PHONE # **561 7460980**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE