


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90037 013 ****50.00

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DOCUMENT # L02000026001							
1. Entity Name PENNOCK BUSINESS CENTER, L.L.C.							
Principal Place of Business 501 MAPLEWOOD DRIVE JUPITER, FL 33458			Mailing Address PO BOX 3351 JUPITER, FL 33469				
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 <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
RATHKE, RICHARD C 501 MAPLEWOOD DR. JUPITER, FL 33469			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____							
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	P	<input type="checkbox"/> Delete	TITLE	mgrm	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RATHKE, RICHARD C		NAME	Richard C. Rathke (Trustee)			
STREET ADDRESS	501 MAPLEWOOD DR.		STREET ADDRESS	501 maplewood Drive			
CITY-ST-ZIP	JUPITER, FL 33469		CITY-ST-ZIP	Jupiter, FL 33458			
TITLE	S	<input type="checkbox"/> Delete	TITLE	mgrm	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GORE, GEARE		NAME	Gearl Gore (Trustee)			
STREET ADDRESS	501 MAPLEWOOD DR.		STREET ADDRESS	501 maplewood Drive			
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	Jupiter, FL 33458			
TITLE		<input type="checkbox"/> Delete	TITLE	mgrm	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	Linda Gore (Trustee)			
STREET ADDRESS			STREET ADDRESS	501 maplewood Drive			
CITY-ST-ZIP			CITY-ST-ZIP	Jupiter, FL 33458			
TITLE		<input type="checkbox"/> Delete	TITLE	mgrm	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	Cristina Bishop			
STREET ADDRESS			STREET ADDRESS	9142 East Ridge Road			
CITY-ST-ZIP			CITY-ST-ZIP	Golden, CO 80903			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <u>R.C. Rathke</u>		R.C. RATHKE		4/20/06 5617460980			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #			