

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90019 041 ****50.00

0031161

DOCUMENT # L02000026001

1. Entity Name

PENNOCK BUSINESS CENTER, L.L.C.



Principal Place of Business

**501 MAPLEWOOD DRIVE
JUPITER FL 33458**

Mailing Address

**501 MAPLEWOOD DRIVE
JUPITER FL 33458**

2. Principal Place of Business

3. Mailing Address

P.O. Box 3351

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TEQUESTA FL

Zip

Country

Zip

Country

33469

4. FEI Number

56-2297240

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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: *[Signature]* **RICHARD C. RATHKE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

APR 3/03 561-7460980
Date Daytime Phone #

CR2E083 (10/02)