

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001046

1. Entity Name
THE PENNINGTON FLORIDA GROUP II, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 13 AM 11:15

Principal Place of Business
P.O. BOX 1643
SANIBEL FL 33957

Mailing Address
P.O. BOX 1643
SANIBEL FL 33957



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-1020908

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENNINGTON, GORDON R
643 EAST ROCKS DRIVE
SANIBEL FL 33957

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.

DATE

9. Capital Contributions
as Shown on record.

\$464,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
PENNINGTON, GORDON R
683 EAST ROCKS DRIVE
SANIBEL FL 33957

STREET ADDRESS
CITY-ST-ZIP
331 EAST BODLEY AVE
KIRKWOOD, MO. 63122

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
300022475803
09/21/03-01018-008 **\$26.25

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Tim A. Pennington*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7-31-03 314-466-2733
Date Daytime Phone #

CR2E003 (10/02)

0015089 AT

192

W 8/20

STAPLE CHECK HERE

292

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

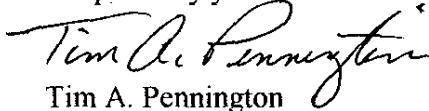
July 31, 2003

To whom it may concern:

We respectfully request waiver of the late fee for Document #A00000001046.
The general partner passed away in February. The successor trustee did not obtain
appropriate documents until July 2003.

Thank you for consideration in this matter.

Respectfully yours,



Tim A. Pennington
successor trustee

331 East Bodley
Kirkwood, MO 63122

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