

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

01 MAY -2 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0022158 AF

DOCUMENT # L00000005170

1. Entity Name  
PENNECK, L.L.C.

Principal Place of Business  
2033 MAIN STREET, #104  
SARASOTA FL 34237

Mailing Address  
46 N. WASHINGTON BOULEVARD, #1  
SARASOTA FL 34236



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2033 Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#104

City & State

City & State

Sarasota, FL

4. FEI Number

65-1013922

Applied For

Not Applicable

Zip

Country

Zip

Country

34237

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATTERSON, JOHN  
46 N. WASHINGTON BOULEVARD, #1  
SARASOTA FL 34236

Name Mary L. Kelly

Street Address (P.O. Box Number is Not Acceptable)

2033 Main St., Suite 104

City Sarasota

FL

Zip Code

34237

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.

SIGNATURE

Mary L. Kelly

4.27.01

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

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME ~~Member~~  
STREET ADDRESS Rod Connelly  
CITY-ST-ZIP 2033 Main St., Suite 104  
Sarasota, FL 34237

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME Member  
STREET ADDRESS Jack LeFrock  
CITY-ST-ZIP 2033 Main St., Suite 104  
Sarasota, FL 34237

TITLE ☐ Change ☐ Addition  
NAME 100004322881--5  
STREET ADDRESS -05/25/01--01024--025  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME Member  
STREET ADDRESS Becky Dorman  
CITY-ST-ZIP 2033 Main St., Suite 104  
Sarasota, FL 34237

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jack LeFrock

4.27.01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)