

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006502

1. Entity Name

DIANE PENN, LIC. REAL ESTATE BROKER LLC

FILED

Principal Place of Business

2124 N. TAMiami TRAIL, SUITE 105  
SARASOTA FL 34234

Mailing Address

2124 N. TAMiami TRAIL, SUITE 105  
SARASOTA FL 34234

01. OCT -1 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2124 N. TAMiami TR.

Suite, Apt. #, etc.

# 207

City & State

SARASOTA, FL.

3. Mailing Address

2124 N. TAMiami TR.

Suite, Apt. #, etc.

# 207

City & State

SARASOTA, FL.

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PENN, DIANE  
2124 N. TAMiami TRAIL, SUITE 105  
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name DIANE PENN

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

2124 N. TAMiami TRAIL

# 207

City

SARASOTA

FL

Zip Code

34234

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

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

DIANE PENN

(NOTE: Registered Agent signature required when reinstating)

9/1/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE MANAGING MEMBER ☐ Delete  
NAME DIANE PENN  
STREET ADDRESS 2124 N. TAMiami TRAIL #207  
CITY-ST-ZIP SARASOTA, FL. 34234

10. ADDITIONS/CHANGES

TITLE MANAGING MEMBER ☒ Change ☐ Addition  
NAME DIANE PENN  
STREET ADDRESS 2124 N. TAMiami TRAIL #207  
CITY-ST-ZIP SARASOTA, FL. 34234

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

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

9/1/01

941-366-2293

Date

Daytime Phone #

CR2E083 (5/01)