

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90041 031 \*\*\*\*50.00

**DOCUMENT # L00000012901**

1. Entity Name  
**PESCADOR, LLC**



Principal Place of Business  
**1925 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401**

Mailing Address  
**1925 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401**



04272005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1071194**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KULUNAS, JOSEPH J  
ONE CLEARLAKE CENTRE, SUITE 1100  
250 AUSTRALIAN AVENUE SOUTH  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
OCEPEK, ANTHONY S  
1925 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33407**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
OCEPEK, MARK T  
1925 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33407**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

**Mark T. Ocepok**

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

**Mark T. Ocepok**

Date

**4/27/05**

Daytime Phone #

**561-820-9447**