

2001 UNIFORM BUSINESS REPORT (UBR)

0013751 AF

DOCUMENT # L00000013079

1. Entity Name
ESTATES OF PENNOCK POINT L.L.C.

FILED

01 FEB 26 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O RAYNOR LAW FIRM, P.A.
14155 U.S. HIGHWAY ONE, STE. 304
JUNO BEACH FL 33408-1499

Mailing Address
C/O RAYNOR LAW FIRM, P.A.
14155 U.S. HIGHWAY ONE, STE. 304
JUNO BEACH FL 33408-1499

2. Principal Place of Business
c/o Raynor Law Firm, P.A.
Suite, Apt. #, etc.
14241 U.S. Highway One
City & State
Juno Beach, FL

3. Mailing Address
c/o Raynor Law Firm, P.A.
Suite, Apt. #, etc.
14241 U.S. Highway One
City & State
Juno Beach, FL

4. FEI Number
Applied for

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
RAYNOR, JEFFREY S
C/O RAYNOR LAW FIRM, P.A.
14155 U.S. HIGHWAY ONE, STE. 304
JUNO BEACH FL 33408-1499

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
14241 U.S. Highway One
City
Juno Beach FL Zip Code
33408-1405

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 _____ (NOTE: 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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Glenn E. Goldstein Glenn E. Goldstein, Manager 2/6/01 561.775.0087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)