

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000013079

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



Principal Place of Business
**C/O RAYNOR LAW FIRM, P.A.
14241 U.S. HIGHWAY ONE
JUNO BEACH, FL 33408-1405**

Mailing Address
**C/O RAYNOR LAW FIRM, P.A.
14241 U.S. HIGHWAY ONE
JUNO BEACH, FL 33408-1405**



04272004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1074070

Applied For
Not Applicable

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.
14241 U.S. HIGHWAY ONE
JUNO BEACH, FL 33408-1405**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MARTIN, ROBERT B
4700 RIVERSIDE DR., SUITE 100
PALM BEACH GARDENS, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GOLDSTEIN, GLENN E
287 E. INDIANTOWN RD.
JUPITER, FL 33477**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000141565
04/30/04-80017-012 50.00

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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: _____

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

4/28/04

Date

561.747.0707

Daytime Phone #