

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90408 038 ****50.00

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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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1074070

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

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

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

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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:

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

4/1/03

Date

(561) 747-0707

Daytime Phone #

CR2E083 (10/02)