
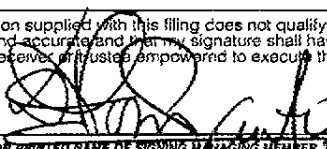


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000014184</b>		
1. Entity Name PENSTOCK, L.C.		
Principal Place of Business 4675 PONCE DE LEON BLVD., SUITE 305 CORAL GABLES, FL 33146		Mailing Address 8405 NW 53RD ST., C-102 MIAMI, FL 33166
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  STINSON, LOUIS JR 4675 PONCE DE LEON BLVD., SUITE 305 CORAL GABLES, FL 33146		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
000000067568 02/27/04-80004-010 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TORRES, DOMINGO 8405 NW 53RD ST., C-102 MIAMI, FL 33166	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TORRES, FRANCISCO 8405 NW 53RD ST., C-102 MIAMI, FL 33166	
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		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  PD 2/23/04 (305) 594-4400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		