

AMENDED

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2004 DEC -9 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000014184	
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
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2. Principal Place of Business 2199 Ponce de Leon Blvd Suite, Apt. #, etc. Suite 301	3. Mailing Address Suite, Apt. #, etc.
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City & State Coral Gables, FL	City & State
Zip 33134	Country USA

6. Name and Address of Current Registered Agent STINSON, LOUIS JR 4675 PONCE DE LEON BLVD., SUITE 305 CORAL GABLES, FL 33146	
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12062004	Chg-LLC	CR2E083 (10/03)
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4. FEI Number 65-6353938	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent Name Stewart Agent Services Street Address (P.O. Box Number is Not Acceptable) 2199 Ponce de Leon Blvd Suite 301 City Coral Gables FL Zip Code 33134	
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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	Louis Stinson, Jr.	12/06/04
Signature, typed or printed name of registered agent and title if applicable.		DATE

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, DOMINGO 8405 NW 53RD ST., C-102 MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Enrique Torres 8405 NW. 53rd Street C-102 Miami, FL 33166 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TORRES, FRANCISCO 8405 NW 53RD ST., C-102 MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Eliana Torres 8405 N.W. 53rd Street C-102 Miami, FL 33166 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Domingo Torres 8405 N.W. 53rd Street C-102 Miami, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Louis Stinson, Jr. 2199 Ponce de Leon Blvd #301 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300043304129 12/09/04--01054--008 **50.00

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:	Louis Stinson, Jr.	12/6/04	305-444-8807
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date	Daytime Phone #