


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000014184
 1. Entity Name
 PENSTOCK, L.C.



Principal Place of Business Mailing Address
 2199 PONCE DE LEON BLVD., SUITE 301 8405 NW 53RD ST., C-102
 CORAL GABLES, FL 33134 MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE



04142005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-6353938	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART AGENT SERVICES
 2199 PONCE DE LEON BLVD., SUITE 301
 CORAL GABLES, FL 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 _____ DATE _____
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, 2005

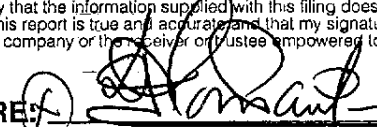
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TORRES, ENRIQUE 8405 NW 53RD ST., C-102 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TORRES, ELIANA 8405 NW 53RD ST., C-102 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TORRES, DOMINGO 8405 NW 53RD ST., C-102 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS STINSON, LOUIS 2199 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/25/05-80117-009 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:  DOMINGO TORRES D 4/22/05 (305) 594-4488

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