2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBB)

DOCUMENT # L01000017852

1. Entity Name

PENIBO	FAMILY	REALTY,	LLÇ
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FILED Sep 12, 2003 8:00 am Secretary of State 09-12-2003 90063 042 ****50.00

				WI TEST]				
Principal Plac	ee of Business	Mailing Address			7				
		1300 N. FEDERAL HIGHWAY, STE. 202 BOCA RATON FL 33432					.		
						1			
Principal Place of Business Address Address		7 .							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State City & S		City & State	y & State		4. FEI Nun	nber 65-1144658			plied For at Applicable
Zip	Country	Zip	Cour	ntry	5. Certifica	ate of Status Desired		0 Add	
	6. Name and Address of Current F	legistered Agent			7. Name a	nd Address of New Reg	istered Agent		
BONITATIBUS, PETER N			Name						
1300 N. FEDERAL HIGHWAY, STE. 202 BOCA RATON FL-33432			Street Address (P.O. Box Number is Not Acceptable)						
BOC	A-PATUN-FE-00402								·
				City				p Cod	
	named entity submits this statement for dons of registered agent.	the purpose of changing its	s register	ed office or registe	ered agent, or t	ooth, in the State of Florid	la. I am familia	r with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NO	TE: Register	ed Agent signature require	ed when reinstating)		DATE		
1 .	· •	FILE N	OW!!!	FEE IS \$50.00					
		Make Check Payab			ent of State				
	· · · · · · · · · · · · · · · · · · ·	_		mber 24, 2003					
9.	MANAGING MEMBER		10.			ADDITIONS/CH			
TITLE NAME	BONITATIBUS, PETER N	☐ Delete	TITL	1 .				hange	Addition
STREET ADDRESS			EET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33432		CITY	/-ST-ZIP					
TITLE	MGRM	☐ Delete	TITL	E			C	hange	Addition
NAME	BONITATIBUS, TONY		NAN	i i)
STREET ADDRESS CITY-ST-ZIP	1300 N FEDERAL HWY STE. 202			EET ADDRESS (-ST-ZIP					
	BOCA RATON FL 33432	Поль						hanas	☐ Addition
TITLE NAME		☐ Delete	TITL NAM					hange	Addition
STREET ADORESS				EET ADDRESS					}
CITY-ST-ZIP-	المستعبد مديني والمالية المنتحد الوالي المالية		Cin	-ST-ZIP	·	مهار داره م ست	,		
TITLE		☐ Delete	TITL	E			□ c	hange	Addition
NAME			NAM	1					
STREET ADDRESS				EET ADDRESS					}
CITY-ST-ZIP				'-ST-ZIP					
TITLE NAME		☐ Delete	TITL	l l			LJU	hange	☐ Addition
STREET ADDRESS	President			EET ADDRESS					
CITY-ST-ZIP	BOLT DESCRIPTION OF A COMMISSION OF A COMMISSI			'-ST-ZIP					
TITLE	BOWANTERS, Prints A	☐ Delete	TITL					hange	Addition
NAME	recei		NAM	J					
STREET ADDRESS				EET ADORESS					
CITY-ST-ZIP		his filian dan and a way	CITY	-ST-ZIP			 		

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:

MANAGER, OR AUTHORIZED REPRESENTATIVE

5b1 391-1411

Davtime Phone #