2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 28, 2004 08:00 AM Secretary of State **DOCUMENT # L01000017864** 1. Entity Name PEBWORTH-MARTHENS, LLC Principal Place of Business Mailing Address 4400 PGA BLVD., SUITE 700 PALM BEACH GARDENS FL 33410 4400 PGA BLVD., SUITE 700 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 26-1741363 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAMBY, LOUIS LIII ESQ Street Address (P.O. Box Number is Not Acceptable) C/O ALLEY, MAASS, ROGERS & LINDSAY 321 ROYAL POINCIÁNA PLAZA SOUTH PALM BEACH FL 33480 City 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 appricable (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, 2004 MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. Change ☐ Addition TITLE Delete TITLE STEINHAUER, DAVID NAME MAME STREET ADDRESS 4400 PGA BLVD #700 STREET ADDRESS U00000011473 CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP 03/01/04-80072-015 50 D Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRECS CITY+ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Change Addition TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-SY-ZIP CITY-ST-ZIP Dling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath; that I am a menaging member or manager of the powered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with indicated on this report is true and accurate and limited liability company or the rece SIGNATURE:

NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #