## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000019572

1. Entity Name

**SIGNATURE:** 

PENTURBIAN PROPERTIES, L.L.C.



## **FILED** Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90008 003 \*\*\*\*50.00

Principal Plac	ce of Business		Mailing Address			1				
1305 HILL AVE. WEST PALM BEACH FL 33407			1305 HILL AVE. West Palm Beach	1305 HILL AVE. WEST PALM BEACH FL 33407						
2. Principal P	Place of Busines	ss	3. Mailing Address	3. Mailing Address						
Suite, Apt.	#, etc.	,	Suite, Apt. #, etc	Suite, Apt. #, etc.			☐ CHECK HERE	E IF MAKING	CHANGES	
City & Stat	te		City & State	City & State			4. FEI Number Applied For Not Applicable			
Zip Country			Zip	Zip Country			te of Status Desired		\$5.00 Add	ot Applicable
	6. Name a	nd Address of Curre	nt Registered Agent			7 Name a	nd Address of New			<u></u>
			The second of th		Name			. rogiotoros r	gon.	
130	CK, GEORGE 5 HILL AVE.			Street Addre		(P.O. Box Number is Not Acceptable)				
WES	OI FALM DEA	CH FL 33407								
					City		,	FL	Zip Cod	ie
8. The above the obligation	named entity stone	ubmits this statement ed agent.	for the purpose of chang	ing its registere	d office or registe	red agent, or b	ooth, in the State of Fl	lorida. I am fa	amiliar with,	and accept
SIGNATURE .	Signature typed or	printed name of registered age	ent and title if applicable	/NOTE: Bogistared	Agent signature require	d when minutation		DATE		
	orginatore, typed or p	Timed hane of registered age				d when reinstating)		DATE		
			F .		EE IS \$50.00 orida Departme	nt of State				
			Wake Check P	Due By Ma	-	ont of State				
9.		MANAGING MEM	BERS/MANAGERS	10.	, ,,		ADDITIONS	/CHANGES		
TITLE	MGR	THE SET OF THE PER	Delete				ADDITIONS	7 OFFANGES	☐ Change	☐ Addition
NAME	HACK, GEO	ORGE S		NAME	l					
STREET ADDRESS 1305 HILL AVE.				STRI						
CITY-ST-ZIP	WEST PALI	<u>M BEACH FL 3340</u>			ST-ZIP					
TITLE			Delete						☐ Change	☐ Addition
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CITY-ST-ZIP					ST-ZIP					
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NAME			- Poloto	Thame	هدي أعد سوسست	tenen er	وراميها والسوا		Onlings	
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CITY-ST-ZIP				CITY-	ST-ZIP					
TITLE			☐ Delete	TITLE					☐ Change	Addition
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CITY-ST-ZIP	•				ST-ZIP					
TITLE			□ Delete	TITLE	<del>-   '</del>			<u></u>	☐ Change	☐ Addition
NAME			LI Delete	NAME					∪ lange	AUGINON
STREET ADDRESS		•			T ADDRESS					ĺ
CITY-ST-ZIP					ST-ZIP					
11. 1 hereby c	ertify that the in	formation supplied w true and accurate ar	ith this filing does not quand that my signature shall	lify for the exem	nption stated in Se legal effect as if m	ection 119.07(3	i)(i), Florida Statutes.	further certif	y that the in	iformation

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED