

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90019 041 \*\*\*\*50.00

0031161

**DOCUMENT # L02000026001**

1. Entity Name

**PENNOCK BUSINESS CENTER, L.L.C.**



Principal Place of Business

**501 MAPLEWOOD DRIVE  
JUPITER FL 33458**

Mailing Address

**501 MAPLEWOOD DRIVE  
JUPITER FL 33458**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 3351**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TEQUESTA FL**

Zip

Country

Zip

Country

**33469**

4. FEI Number

**56-2297240**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GIRVIN, D R ESQ.  
OCEANSIDE PROFESSIONAL CENTRE  
1080 EAST INDIANTOWN ROAD, SUITE 102  
JUPITER FL 33477**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 applicable.

(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, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **PRES** ☐ Delete  
NAME **RICHARD C. RATHKE**  
STREET ADDRESS **501 MAPLEWOOD DR**  
CITY-ST-ZIP **JUPITER FL 33469**

TITLE **SECT** ☐ Delete  
NAME **GEARL GORE**  
STREET ADDRESS **501 MAPLEWOOD DR**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *[Signature]* **RICHARD C. RATHKE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**APR 3/03 561-7460980**  
Date Daytime Phone #

CR2E083 (10/02)