

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09092004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000028654 1. Entity Name PNNC, LLC					
Principal Place of Business 141 20TH STREET, SUITE H-5 BOCA RATON, FL 33431			Mailing Address 141 20TH STREET, SUITE H-5 BOCA RATON, FL 33431		
2. Principal Place of Business 141 NW 20th Street Suite, Apt. #, etc. Suite H-4		3. Mailing Address 141 NW 20th Street Suite, Apt. #, etc. Suite H-4		4. FEI Number 90-0101188 Applied For <input type="checkbox"/> Not Applicable	
City & State Boca Raton FL		City & State Boca Raton FL			
Zip 33431		Zip 33431			
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KIPNIS TESCHER LIPPMAN & VALINSKY, P.A. 100 NORTHEAST THIRD AVENUE, SUITE 610 FORT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400041570674 10/04/04--01040--003 **50.00 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004 Extended to OCT 9th			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARTZ, DAVID 141 20TH STREET, SUITE H-5 BOCA RATON, FL 33431			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
141 NW 20th ST. Suite H-4 Boca Raton FL 33431				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
(Empty rows for additional members/changes)					
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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:				Date 9/28/04 Daytime Phone # 561 391 1054	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					