

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90084 012 ****50.00

DOCUMENT # L03000001857			
1. Entity Name PEN WEST/FLA ASSOCIATES, LLC			
Principal Place of Business 570 DELAWARE AVENUE BUFFALO, NY 14202		Mailing Address 570 DELAWARE AVENUE BUFFALO, NY 14202	
2. Principal Place of Business 8441 COOPER CREEK BLVD Suite, Apt. #, etc.		3. Mailing Address 8441 COOPER CREEK BLVD Suite, Apt. #, etc.	
City & State UNIVERSITY PARK FL Zip 34201		City & State UNIVERSITY PARK FL Zip 34201	
4. FEI Number 20-0623813		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01092004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent GAYTON, ALICIA H ESQ 8441 COOPER CREEK BLVD UNIVERSITY PARK, FL 34201		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <u>David H Baldauf</u>		DAVID H. BALDAUF MGR	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 4/22/2004 Daytime Phone #: 941.359.8303	

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