2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2005
Secretary of State

DOCUMENT# L03000014003

Entity Name: PENROSE, POCHON AND LEWIS HOLDINGS, LLC

Current Principal Place of Business:

615 PORTSIDE DRIVE
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

615 PORTSIDE DRIVE
NORTH PORT, FL 34287 US

New Mailing Address:

FEI Number: 86-1058378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEWIS, AUDIE G
615 PORTSIDE DRIVE
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	LEWIS, AUDIE G	
Address:	615 PORTSIDE DRIVE	
City-St-Zip:	NORTH PORT, FL 34287 US	
Title:	MGRM	( ) Delete
Name:	PENROSE, KATHY M	
Address:	77 BOND STREET	
City-St-Zip:	NORWOOD, MA 02062 US	
Title:	MGRM	( ) Delete
Name:	LEWIS, HEATHER M	
Address:	1012 CORAM FIELDS ROAD	
City-St-Zip:	WAKE FOREST, NC 27587 US	
Title:	MGRM	( ) Delete
Name:	PENROSE, JOHN F	
Address:	77 BOND STREET	
City-St-Zip:	NORWOOD, MA 02062 US	
Title:	MGRM	( ) Delete
Name:	POCHON, TROY	
Address:	743 MAGELLAN COURT	
City-St-Zip:	FAYETTEVILLE, NC 28311	
Title:	MGRM	( ) Delete
Name:	POCHON, BRENDA R	
Address:	743 MAGELLAN COURT	
City-St-Zip:	FAYETTEVILLE, NC 28311	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: AUDIE G LEWIS MGRM 06/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date