## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000014003

Entity Name: PENROSE, POCHON AND LEWIS HOLDINGS, LLC

FILED Apr 17, 2006 Secretary of State

Current Pr	incipal Place of	Business:	New Prince	New Principal Place of Business:		
	SIDE DRIVE DRT, FL 34287	US				
Current Mailing Address:			New Mailing Address:			
615 PORTSIDE DRIVE NORTH PORT, FL 34287 US						
FEI Number: 86-1058378 F		FEI Number Applied For()	FEI Number Not Applicable ( ) Certificate of Status De		Certificate of Status Desired ( )	
Name and	Address of Cur	rent Registered Agent:	Name and	Address o	f New Registered Agent:	
	DIE G BIDE DRIVE DRT, FL 34287	US				
The above in the State		mits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both	
SIGNATUR	RE:					
	Electronic	Signature of Registered Age	ent		Date	
MANAGING N	MEMBERS/MANAGE	RS:	ADDITIONS/0	CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () Delete LEWIS, AUDIE G 615 PORTSIDE DRIVE NORTH PORT, FL 34287 US		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MGRM ( ) Delete PENROSE, KATHY M 77 BOND STREET NORWOOD, MA 02062 US		Title: Name: Address: City-St-Zip:	MGRM (X) Change ( ) Addition PENROSE, KATHY M 608 SOUTHVIEW CIRCLE FAYETTEVILLE, NC 28311 US		
Title: Name: Address: City-St-Zip:	MGRM () Delete LEWIS, HEATHER M 1012 CORAM FIELDS ROAD WAKE FOREST, NC 27587 US		Title: Name: Address: City-St-Zip:	MGRM (X) Change ( ) Addition LEWIS, HEATHER M 6830 SOUTH STAFF ROAD FAYETTEVILLE, NC 28306 US		
Title: Name: Address: City-St-Zip:	MGRM ( ) Delete PENROSE, JOHN F 77 BOND STREET NORWOOD, MA 02062 US		Title: Name: Address: City-St-Zip:	MGRM (X) Change ( ) Addition PENROSE, JOHN F 608 SOUTHVIEW CIRCLE FAYETTEVILLE, NC 28311 US		
Title: Name: Address: City-St-Zip:	MGRM () Delete POCHON, TROY 743 MAGELLAN COURT FAYETTEVILLE, NC 28311		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MGRM () De POCHON, BREND/ 743 MAGELLAN CO FAYETTEVILLE, No	A R DURT	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 04/17/2006