

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014003

FILED  
May 29, 2007  
Secretary of State

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:

13519 LITTLE GEM CIRCLE  
FORT MYERS, FL 33913 US

## Current Mailing Address:

615 PORTSIDE DRIVE  
NORTH PORT, FL 34287 US

## New Mailing Address:

13519 LITTLE GEM CIRCLE  
FORT MYERS, FL 33913 US

FEI Number: 86-1058378      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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: LEWIS, HEATHER M  
Address: 6830 SOUTH STAFF ROAD  
City-St-Zip: FAYETTEVILLE, NC 28306 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: MGRM (X) Change ( ) Addition  
Name: LEWIS, AUDIE G  
Address: 13519 LITTLE GEM CIRCLE  
City-St-Zip: FORT MYERS, FL 33913 US

Title: MGRM (X) Change ( ) Addition  
Name: LEWIS, HEATHER M  
Address: 13519 LITTLE GEM CIRCLE  
City-St-Zip: FORT MYERS, FL 33913 US

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 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

05/29/2007

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