

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90042 013 \*\*\*\*50.00

**20016087**



02212005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L03000027338</b> 1. Entity Name <b>PENCER, LLC</b>					
Principal Place of Business 24641 U.S. 19 NO. SUITE #560 CLEARWATER, FL 33763			Mailing Address 24641 U.S. 19 NO. SUITE #560 CLEARWATER, FL 33763		
2. Principal Place of Business <b>3031 GEIGER CT.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3031 GEIGER CT.</b> Suite, Apt. #, etc.			
City & State <b>CLEARWATER, FL</b> Zip <b>33761</b> Country <b>USA</b>		City & State <b>CLEARWATER, FL</b> Zip <b>33761</b> Country <b>USA</b>		4. FEI Number <b>01-0792396</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PENNINGS, MARY L</b> <b>2094 GLENCOVE COURT</b> <b>CLEARWATER, FL 33764</b>			7. Name and Address of New Registered Agent Name <b>MARY L. PENNINGS</b> Street Address (P.O. Box Number is Not Acceptable) <b>3031 GEIGER CT.</b> City <b>CLEARWATER</b> FL <b>33761</b>		
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 <i>Mary L. Pennings</i> <b>MARY L. PENNINGS</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>2/22/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MELCER, MARY 8550 ULMERTON ROAD, #125 LARGO, FL 33771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNINGS, MICHAEL R 2094 GLENCOVE COURT CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMMA HOLDINGS, LLC 3031 GEIGER CT. CLEARWATER, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMMA HOLDINGS, LLC 3031 GEIGER CT. CLEARWATER, FL 33761	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMMA HOLDINGS, LLC 3031 GEIGER CT. CLEARWATER, FL 33761	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMMA HOLDINGS, LLC 3031 GEIGER CT. CLEARWATER, FL 33761	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Mary L. Pennings</i> <b>MARY L. PENNINGS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>2/22/05</b> Daytime Phone # <b>727-543-9332</b>		