

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

07-27-2005 90013 024 \*\*\*\*55.00

|  |  |                           |   |  |          |
|--|--|---------------------------|---|--|----------|
| <b>DOCUMENT # L04000013428</b>   |  |                           |   |  |          |
| <b>1. Entity Name</b><br>PENNINGTON SOLID SURFACE COUNTERTOPS, LLC   |  |                           |   |  |          |
| <b>Principal Place of Business</b><br>4610 WEST SOUTHERN STREET<br>LECANTO FL 34461  |  |                           | <b>Mailing Address</b><br>4610 WEST SOUTHERN STREET<br>LECANTO FL 34461 |  |          |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b> |   |  |          |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.       |   |  |          |
| City & State   |  | City & State              |   |  |          |
| Zip  | Country  | Zip                       | Country   | <b>4. FEI Number</b>   |          |
|  |  |                           |   | Applied For<br><input checked="" type="checkbox"/> Not Applicable  |          |
| <b>5. Certificate of Status Desired</b>  |  |                           |   | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |          |
| <b>6. Name and Address of Current Registered Agent</b><br><br>PENNINGTON, ROBERT<br>4610 WEST SOUTHERN STREET<br>LECANTO FL 34461  |  |                           | <b>7. Name and Address of New Registered Agent</b>                      |  |          |
|  |  |                           | Name  |  |          |
|  |  |                           | Street Address (P.O. Box Number is Not Acceptable)                      |  |          |
|  |  |                           | City  |  |          |
|  |  |                           | FL  |  | Zip Code |
| <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.</b>   |  |                           |   |  |          |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>  |  |                           |   |  |          |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b>   |  |                           |   |  |          |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |                           | <b>10. ADDITIONS/CHANGES</b>  |  |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | MGRM<br>PENNINGTON, ROBERT<br>4610 WEST SOUTHERN ST.<br>LECANTO FL 34461 |                           | <input type="checkbox"/> Delete   |  |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |  |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |  |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |  |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |  |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |  |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |  |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |  |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |  |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |  |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |  |          |
| <b>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.</b> |  |                           |   |  |          |
| <b>SIGNATURE:</b> <i>Robert Pennington</i>   |  |                           |   |  |          |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |                           |   |  |          |
|  |  |                           |   | <small>Date</small>  |          |
|  |  |                           |   | <small>Daytime Phone #</small>                                     |          |