

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90022 022 ****50.00

DOCUMENT # L05000029159

1. Entity Name:
PENNINGTON DEVELOPMENTS, LLC



00000000

Principal Place of Business
**2248 FIRST STREET
FORT MYERS, FL 33901 US**

Mailing Address
**2248 FIRST STREET
FORT MYERS, FL 33901 US**

2. Principal Place of Business

3820 COLONIAL BLVD

Suite, Apt. #, etc.

SUITE 103

City & State

FORT MYERS, FL

Zip
33912

Country

LEE

3. Mailing Address

3820 COLONIAL BLVD

Suite, Apt. #, etc.

SUITE 103

City & State

FORT MYERS, FL

Zip
33912

Country

LEE



04112006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-2552451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHRISTINA HARRIS SCHWINN
1833 HENDRY STREET
FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Signature]

[Signature]

4-17-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PENNINGTON, RICK
15131 BRIAR RIDGE CIRCLE
FORT MYERS, FL 33912** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
POLLACK, STANLEY E
3680 BAY CREEK DRIVE
BONITA SPRINGS, FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE:

[Signature]

[Signature]

4-17-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #