


**FILE NOW: Fee after May 1, will be \$588.75**

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AND  
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1997 FEB -5 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L95000000200
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PENCE THE PAINTER, L.C.  
~~6516 N.W. 1ST COURT~~  
~~MARGATE FL 33063~~

1a. Principal Place of Business Address

~~6516 N.W. 1ST COURT~~  
~~MARGATE FL 33063~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business <b>5830 LaGorce Circle</b> Suite, Apt. #, etc.	2a. Mailing Address <b>5830 LaGorce Circle</b> Suite, Apt. #, etc.	3. Date Organized or Qualified <b>03/13/1995</b>	3a. State of Formation <b>FL</b>
City & State <b>Lake Worth, FL</b>	City & State <b>Lake Worth, FL</b>	4. FEI Number <b>NOT APPLICABLE</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <b>33463</b>	Country <b>U.S.A.</b>	5. Date of Last Report <b>05/15/1996</b>	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent <b>ROTKER, MARK D</b> <b>6516 N.W. 1ST COURT</b> <b>MARGATE FL 33063</b>	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5830 LaGorce Circle</b> Suite, Apt. #, etc. City <b>Lake Worth</b> Zip Code <b>FL 33463</b>
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	ROTKER, MARK D	<del>6516 N.W. 1ST COURT</del> <b>5830 LaGorce Circle</b>	<del>MARGATE FL</del> <b>Lake Worth, FL 33463</b>
M	ROTKER, ELAINE M	<del>6516 N.W. 1ST COURT</del> <b>5830 LaGorce Circle</b>	<del>MARGATE FL</del> <b>Lake Worth, FL 33463</b>

**100002080851--4**  
**-02/06/97--01134--017**  
**\*\*\*\*203.75 \*\*\*\*203.75**

*Handwritten:* KSD 2/10/97

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  **mark D. Rotker** **2/2/97** **561-439-8702**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #