

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # L99000001744

1. Entity Name
PENDLTON INVESTMENTS, LIMITED COMPANY



Principal Place of Business
325 BAYSHORE BLVD. SOUTH
SAFETY HARBOR, FL 34695

Mailing Address
325 BAYSHORE BLVD. SOUTH
SAFETY HARBOR, FL 34695



01052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1021930

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

MIDDLETON, BRUCE
325 BAYSHORE BLVD. SOUTH
SAFETY HARBOR, FL 34695

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PENDOLA, PATRICK
STREET ADDRESS	325 BAYSHORE BLVD. SOUTH
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	MGRM
NAME	MIDDLETON, BRUCE
STREET ADDRESS	2188 LOUISA DR
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000586095
01/16/07-80037-025 50.00

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:

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

1/12/07

Date

Daytime Phone #

727 724 1024