

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0001451
AF

DOCUMENT # L99000002390

1. Entity Name
PENN PHOENIX MANAGEMENT L.L.C.

00 APR 24 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
533 INDIAN HARBOR ROAD
VERO BEACH FL 32963

Mailing Address
533 INDIAN HARBOR ROAD
VERO BEACH FL 32963-3514



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MNM

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0918276

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TODD, BARBARA D
533 INDIAN HARBOR RD
VERO BEACH FL 32963

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500003244955--0
-05/09/00--01097--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TODD, BARBARA D
533 INDIAN HARBOR ROAD
VERO BEACH FL 32963 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Renaissance Capital Holdings Inc.
5726 Cortez Road West, #347
Bradenton, FL 34210 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
REINER, JAMES
5 ALVORD ROAD
MORRISTOWN NJ 07960 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
REINER, RICHARD
57 BRIARCLIFF ROAD
MOUNTAIN LAKES NJ 07046 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Colonial Asset Management Inc.
72 Keats Way
Morristown, NJ 07960 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/21/00 (561) 234-7471

CR2E083 (9/99)