

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000006972**

1. Entity Name  
**PENN PRO PROPERTIES, L.L.C.**



Principal Place of Business  
**4000 HIGHWAY 60 EAST  
MULBERRY, FL 33860**

Mailing Address  
**P.O. BOX 89  
MULBERRY, FL 33860**

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**59-3633969**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TROIANO, VICTOR J  
317 SOUTH TENNESSEE AVENUE  
LAKELAND, FL 33801**

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
GROUBERT, JOHN P  
4000 HIGHWAY 60 EAST  
MULBERRY, FL 33860**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
PENNEWELL, M. WAYNE  
4000 HIGHWAY 60 EAST  
MULBERRY, FL 33860**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

1100000485898  
04/13/06-80015-003 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:**

*M. Wayne Pennewell*

**M. WAYNE PENNEWELL**

**3/26/06 863-648-9990**

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

Date

Daytime Phone #