

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000000464

FILED  
Apr 19, 2012  
Secretary of State

**Entity Name:** WENTWORTH PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

901 S TROOPER ROAD  
VALLEY FORGE, PA 19484

**New Principal Place of Business:**

**Current Mailing Address:**

901 S TROOPER ROAD  
VALLEY FORGE, PA 19484

**New Mailing Address:**

FEI Number: 36-4687619

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: EPSTEIN, DAVID  
Address: 910 S TROOPER ROAD  
City-St-Zip: VALLEY FORGE, PA 19484

Title: MGR  
Name: NATALE, MICHAEL  
Address: 1813 GRIFFIN ROAD, SUITE 404  
City-St-Zip: DANIA BEACH, FL 33004

Title: MGR  
Name: GOMBERG, GENE  
Address: 1813 GRIFFIN ROAD, SUITE 404  
City-St-Zip: DANIA BEACH, FL 33004

Title: SMGR  
Name: MENDILLO, MICHAEL  
Address: 21 CHRISTOPHER WAY  
City-St-Zip: EATONTOWN, NJ 07724

Title: P  
Name: BARTIKOFSKY, ARTHUR  
Address: 21 CHRISTOPHER WAY  
City-St-Zip: EATONTOWN, NJ 07724

Title: T  
Name: PEDITTO, FRANK  
Address: 901 SOUTH TROOPER ROAD  
City-St-Zip: NORRISTOWN, PA 19403

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL MENDILLO

SEC

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date