2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2004 8:00 am Secretary of State

DOCUMENT # P0000093845 1. Entity Name PENN FLORIDA VENTURE V, INC.								05-05-2004 !	90256 00	06 ***150	1.00	
Principal Place of Business 1515 NORTH FEDERAL HIGHWAY SUITE 306 BOCA RATON, FL 33432				Mailing Address 1515 NORTH FEDERAL HIGHWAY SUITE 306 BOCA RATON, FL 33432				44044795				
2. Principal P	lace of Busin	ness	Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Chg-P	CR2E	34 (10/03)		
City & State			C	City & State			4. FEI Number 65-1059405				oplied For of Applicable	
Zip		Country	Z	ip	Cour	ntry	5. Certificate	e of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent KAMRADT, RUSSELL T P.A. 11641 KEW GARDENS AVENUE, #207 PALM BEACH GARDENS, FL 33410 8. The above named entity submits this statement for the purpose of changing its re						Street Address 151 Sui City BOC	k A. Ge (P.O. Box Numb 5 N. Fe te 306		ghway	Zip Cod	32	
	ions of regis	itered agent.	5	applicable. (NO	TE: Registere	viuper signature requir	ed when reinstating)		7•/0 4 DATE			
		FEE IS \$150.00 4 Fee will be \$550	.00	9. Election Campa Trust Fund Con			5.00 May Be Ided to Fees					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTORS DPS Delete GENSHEIMER, MARK A 1515 NORTH FEDERAL HIGHWAY SUITE 306 BOCA RATON, FL 33432					E NE EET ADDRESS '-ST-ZIP	ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS Change	S IN 11	
TITLE NAME STREET AODRESS CITY-ST-ZIP	D Delete AYERLE, ROBERT A 1515 NORTH FEDERAL HIGHWAY SUITE 306 BOCA RATON, FL 33432					E HE EET ADORESS '-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete LAWRENCE, JOHN 1515 NORTH FEDERAL HIGHWAY SUITE 306 BOCA RATON, FL 33432					E EET ADDRESS '-ST-ZIP			-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ľ		•		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		l l			<u> </u>	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Ociete	CITY	EET ADDRESS '-ST-ZIP				☐ Change	☐ Addition	
of the cor changed,	poration or t , or on an att	ne information supplied with or supplemental report the receiver or trustee emplachment with an address,	h this fili is true ar owered with all	ng does not qualify to no accurate and that to execute this report other like empowered	or the exe rry signa t as requi	mption stated in S ture shall have the red by Chapter 60	07, Florida Statut	(i), Florida Statutes. ct as if made under es; and that my nam	e appears i	n Block 10 or	r Block 11 if	
SIGNAT	UKE: 4	SIGNATURE AND TYPED OR	PRINTED	NAME OF SIGNING OFFICER	OR DIRECT	TOR	//-	Date	J 64 J 4	Daytime Phone	-	