


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000111685

1. Entity Name
 PNL ASSOCIATES, LLC



Principal Place of Business
 1500 NW 110 AVENUE, SUITE 361
 FORT LAUDERDALE, FL 33322-6444

Mailing Address
 PO BOX 452095
 FORT LAUDERDALE, FL 33345-2095

DO NOT WRITE IN THIS SPACE



04242007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3860600	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

YU, LIN
 1500 NW 110 AVENUE, SUITE 361
 FORT LAUDERDALE, FL 33322-6444

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YU, LIN 1500 NW 110 AVENUE, SUITE 361 FORT LAUDERDALE, FL 333226444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZHANG, NING 8000-1 SOUTH ARAGON BLVD. SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADY, PARRIS 8060 FAIRVIEW DRIVE BLDG. 19 #209 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/11/07-80068-021 50.00

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 606, Florida Statutes.

SIGNATURE:  **4/24/2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #