

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**


**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90180 010 \*\*\*\*50.00

<b>DOCUMENT # M03000004287</b> 1. Entity Name <b>PENNINGTON VENTURES, LLC</b>	
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Principal Place of Business <b>211 GRAND POINTE DRIVE PALM BEACH GARDENS, FL 33418</b>	Mailing Address <del>211 GRAND POINTE DRIVE</del> <b>931 Village Blvd #905-526</b> <b>W Palm Beach FL 33409-1939</b>
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**DO NOT WRITE IN THIS SPACE**

  
05042007 No Chg-LLC CR2E083 (11/05)  
4. FEI Number  
**77-0521987**  
5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COTSAKOS, CHRISTOS M  
211 GRAND POINTE DRIVE  
PALM BEACH GARDENS, FL 33418**

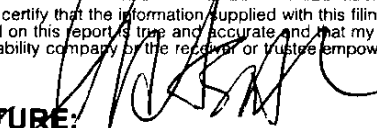
**DO NOT WRITE  
IN THIS SPACE**

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  DATE **5/4/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR COTSAKOS, CHRISTOS M 211 GRAND POINTE DRIVE PALM BEACH GARDENS, FL 33418</b>
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*Please note  
Change of address  
931 Village Blvd #905-526  
W Palm Beach FL  
33409-1939*

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  **Dr. Christos M. Cotsakos** 5/4/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #