

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

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

DOCUMENT # M03000004287	
1. Entity Name PENNINGTON VENTURES, LLC	

Principal Place of Business 211 GRAND POINTE DRIVE PALM BEACH GARDENS, FL 33418	Mailing Address 211 GRAND POINTE DRIVE 931 Village Blvd #905-526 W Palm Beach FL 33409-1939
---	---

DO NOT WRITE IN THIS SPACE



05042007 No Chg-LLC CR2E083 (11/05)

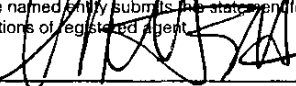
4. FEI Number 77-0521987	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

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 the 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**

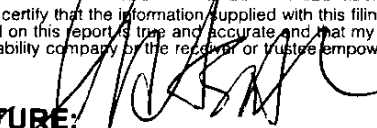
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COTSAKOS, CHRISTOS M 211 GRAND POINTE DRIVE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

*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 #