
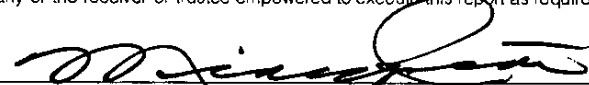


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000004739					
1. Entity Name PENAREAL, L.L.C.					
Principal Place of Business 100 W. 24TH STREET HIALEAH FL 33010			Mailing Address 124 W. 24TH STREET HIALEAH FL 33010		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1028651	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARGOLIS, JOHN A SUITE 330 9990 S.W. 77TH AVENUE MIAMI FL 33156-2699				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM PENA, MIREYA 124 WEST 24TH STREET HIALEAH FL 33156-2699			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM PENA, ANTONIO 124 WEST 24TH STREET HIALEAH FL 33156-2699			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP				<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP				<input type="checkbox"/> Delete	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **2/19/07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #