2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000015196

1. Entity Name
PENSAL INVESTMENTS, LLC

Principal Place of Business Mailing Address

7300 BIRD RD, SUITE 200 MIAMI, FL 33155

7300 BIRD RD, SUITE 200 MIAMI, FL 33155

FILED Apr 01, 2004 08:00 AM Secretary of State



03252004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-2776185 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE SEVENTH FLOOR MIAMI, FL 33133

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	The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its registered office or re	egistered agent, or both, in the State	of Florida. I am familiar with, and accep	it
S	GNATURE				

(NOTE Registered Agent signature required when reinstating)

Filing Fee is \$50.00

U00000100818 <u>04/01/04-80023-008</u> 50.00

DATE

I	Due by may 1, 2004			
l	9.	MANAGING MEMBERS/MANAGERS		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLUE JAY ASSOCIATES, LTD. 7300 BIRD RD, SUITE 200 MIAMI, FL 33155		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
	title Name Street address Cxty+St-Zip			
	TYTLE NAME STREET ADDRESS CITY-ST-ZIP			
	EFFLE NAME STREET ADDRESS CITY-ST-ZIP			
	TITLE NAME STREET ADDRESS	2		

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11. I hereby certify that the hilogoration supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this coord is frue 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY+ST-ZIP

03-29-04. 305-2648188

Baytime Phone #