

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90061 049 ****50.00

20051702



01132005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L00000015196 1. Entity Name PENSAL INVESTMENTS, LLC					
Principal Place of Business 7300 BIRD RD, SUITE 200 MIAMI, FL 33155			Mailing Address 7300 BIRD RD, SUITE 200 MIAMI, FL 33155		
2. Principal Place of Business 9500 NW 108 AVENUE Suite, Apt. #, etc.		3. Mailing Address 9500 NW 108 AVENUE Suite, Apt. #, etc.			
City & State MEDLEY FL Zip 33178		City & State MEDLEY FL Zip 33178		4. FEI Number 59-2776185	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE SEVENTH FLOOR MIAMI, FL 33133				7. Name and Address of New Registered Agent Name JOSE E. SIMAN Street Address (P.O. Box Number is Not Acceptable) 9500 NW 108 AVENUE City MEDLEY FL Zip Code 33178	
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, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLUE JAY ASSOCIATES, LTD. 7300 BIRD RD, SUITE 200 MIAMI, FL 33155	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSE E. SIMAN 9500 NW 108 AVENUE MEDLEY FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date Daytime Phone #</small>	