

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90193 004 \*\*\*\*50.00



**DOCUMENT # L01000008626**  
 1. Entity Name  
**PENNY V, LIMITED LIABILITY COMPANY**

Principal Place of Business      Mailing Address  
**1100 SHRIMP BOAT LANE**      **1100 SHRIMP BOAT LANE**  
**FORT MYERS FL 33931**      **FORT MYERS FL 33931**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E083 (10/06)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**58-2641650**      Not Applicable  
 5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JENSEN, H E**  
**1100 SHRIMP BOAT LANE**  
**FORT MYERS FL 33931**

7. Name and Address of New Registered Agent  
 Name **GRANT C. ERICKSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1100 SHRIMP BOAT LANE**  
 City **FORT MYERS BEACH**      **FL**      Zip Code **33931**

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 **3-1-2007**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>ERIKSON, GRANT</b> <b>1216 ALHAMBRA DRIVE</b> <b>FORT MYERS FL 33901</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:      **Grant Erickson**      **3-1-07**      **2394636353**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #