2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L01000017064

1. Entity Name

PENDALBEAN, LLC

Principal Place of Business	Mailing Address
1012 ANGLERS COVE D306 MARCO ISLAND FL 34145	P.O. BOX 5065 MARCO ISLAND FL 34145

1st MOORE   CR2E083 (10/06)

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 32-0002005 / Applied For / Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALTHOUR, MATTHEW 1544 MAINSAIL DRIVE, #1 NAPLES FL 34114	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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 **MGR** NAME **WALTHOUR, MATTHEW** STREET ADDRESS **1544 MAINSAIL DR #11** CITY-ST-ZIP **NAPLES FL 34114**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **MGR** NAME **LAUDERDALE, ROBERT** STREET ADDRESS **1534 MAINSALL DR** CITY-ST-ZIP **NAPLES FL 34114**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **MGR** NAME **LOBEGLIO, GASPERE** STREET ADDRESS **1012 ANGLERS COVE D306** CITY-ST-ZIP **MARCO ISLAND FL 34145**	☐ Delete	TITLE NAME U00000670870 ☐ Change ☐ Addition STREET ADDRESS 03/28/07-80006-012 50.00 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____   3/c/7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #