


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90091 001 ****50.00

DOCUMENT # L02000005286	
1. Entity Name PENNY CHANGE, LLC	

Principal Place of Business 159 COMMODORE DR. JUPITER, FL 33477	Mailing Address 159 COMMODORE DR. JUPITER, FL 33477
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20003000

2. Principal Place of Business 516 Northlake Blvd Suite, Apt. #, etc.	3. Mailing Address 1764 N Congress Ave Suite, Apt. #, etc. Suite 200
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01102005 Chg-LLC CR2E083 (10/03)

City & State Lake Park, FL	City & State West Palm Beach, FL
Zip 33408	Zip 33409
Country	Country

4. FEI Number 04-3673831	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WHITMIRE, DRENNEN L JR ESQ 450 ROYAL PALM WAY, SIXTH FLOOR PALM BEACH, FL 33480	
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7. Name and Address of New Registered Agent	
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 _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRUNO, AL 159 COMMODORE DR JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1031 Dawson Court Greensboro, GA 30642 <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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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 608, Florida Statutes.

SIGNATURE: _____	Date: 1-17-05	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		