
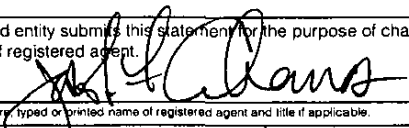
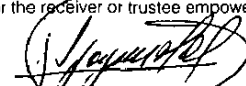


FILED

Apr 12, 2007 8:00 am  
Secretary of State

04-12-2007 90281 001 \*\*\*200.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L03000012888					
1. Entity Name 920 PENN L.L.C.					
Principal Place of Business 4518 NW 109 CT DORAL, FL 33178			Mailing Address 9737 NW 41 ST 615 MIAMI, FL 33178		
2. Principal Place of Business - No P.O. Box # 10520 NW 26 St.		3. Mailing Address 10520 NW 26 St.			
Suite, Apt. #, etc. C 201		Suite, Apt. #, etc. C 201			
City & State Doral, FL		City & State Doral, FL		4. FEI Number 59-2327185	
Zip 33172		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CABANAS & ASSOCIATES, P.A. 10520 NW 26TH ST. - D 101 DORAL, FL 33172			7. Name and Address of New Registered Agent Name: Cabanas & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 10520 NW 26 St. - C 201 City: Doral FL Zip Code: 33172		
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: 03/28/07	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPAGNUOLO, LUIGI D 4518 NW 109 CT DORAL, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Spagnuolo, Luigi T. 10520 NW 26 St. - C 201 Doral, FL 33172	<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	MGRM Spagnuolo, Vicente 10520 NW 26 St. - C 201 Doral, FL 33172	<input type="checkbox"/> Change <input checked="" 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
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
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
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 exemptions contained in Chapter 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: 			Date: 03/28/07 (305) 5133639		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Luigi T. Spagnuolo					

30004693



03272007 Chg-LLC CR2E083 (12/06)