2007 J.IMITED LIADIUST

ANNUAL REPORT

DOCUMENT # L03000031913

1. Entity Name J & M PENNE, LLC

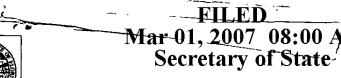
Principal Place of Business

ORLANDO, FL 32814 US

1981 OSPREY AVENUE

Mailing Address

1981 OSPREY AVENUE ORLANDO, FL 32814 U









02162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4262753 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PENNE, JOHN R 632 GRAND CYPRESS POINT SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE

		-	
8. The above the obligat	named entity submits this statement for the purpose of chains of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and bitle if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			000000652736 03/12/07-80030-013 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNE, JOHN R 1981 OSPREY AVENUE ORLANDO, FL 32814		•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/21/07

Daytime Phone #