


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000037127</b> 1. Entity Name <b>PENNYFARTHING, LLC</b>	
---	---

Principal Place of Business <b>400 S FEDERAL HWY SUITE 412 BOYNTON BEACH, FL 33435 US</b>	Mailing Address <b>400 S FEDERAL HWY SUITE 412 BOYNTON BEACH, FL 33435 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



02012007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-0671915</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ROYAL MAID SERVICE 400 S FEDERAL HWY SUITE 412 BOYNTON BEACH, FL 33467</b>
--


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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>U00000723571 05/02/07-80074-020 50.00</b>
---	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TWYMAN, HENRY 7423 WESCOTT TERRACE LAKE WORTH, FL 33467</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TYMAN, CAROL 7423 WESCOTT TERRACE LAKE WORTH, FL 33467</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.
--

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>4-20-07</b> <small>Date</small>	<b>561-734-6243</b> <small>Daytime Phone #</small>
--	---------------------------------------	---