

FILED
May 25, 2005 8:00 am
Secretary of State

05-02-2005 90116 028 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000025737					
1. Entity Name PENGUIN REALTY LLC					
Principal Place of Business 24CATHEDRALPLACE, SUITE 400 ST AUGUSTINE, FL 32084			Mailing Address 24CATHEDRALPLACE, SUITE 400 ST AUGUSTINE, FL 32084		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04252005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0978656				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131			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: <u>Raymond Harris</u> DATE: <u>4/27/05</u> (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Raymond W. Harris ☐ Delete 45 Island Estates Parkway Palm Coast, FL 32137 Managing Member			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Leonard Siegel ☐ Delete 360 E. 72nd #C-2301 New York, NY 10021 Managing Member			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Roni Siegel ☐ Delete 360 E. 72nd #C-2301 New York, NY 10021 Managing Member			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Debra H. Harris ☐ Delete 45 Island Estates Pkwy Palm Coast, FL 32137 Managing Member			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			☐ Change ☐ Addition	
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date: <u>4/27/05</u> Daytime Phone #: <u>904-0291138</u>	

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