


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90345 029 \*\*\*\*50.00

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # L04000025737</b><br>1. Entity Name<br><b>PENGUIN REALTY LLC</b>  |   |  |   |                |  |
| Principal Place of Business<br><b>24 CATHEDRAL PLACE, SUITE 400<br/>ST. AUGUSTINE, FL 32084</b>  |   |  | Mailing Address<br><b>24 CATHEDRAL PLACE, SUITE 400<br/>ST. AUGUSTINE, FL 32084</b> |   |  |
| 2. Principal Place of Business No P.O. Box #<br><b>6 Meridian Home Lane</b>  |   | 3. Mailing Address<br><b>6 Meridian Home Lane</b>  |   |   |  |
| Suite, Apt. #, etc.<br>  |   | Suite, Apt. #, etc.<br>  |   |   |  |
| City & State<br><b>Palm Coast, FL</b>  |   | City & State<br><b>Palm Coast, FL</b>  |   | 4. FEI Number<br><b>20-0978656</b>  |  |
| Zip<br><b>32137</b>  |   | Country<br>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>IVAN, MICHAEL J JR.<br/>ONE INDEPENDENT DRIVE, SUITE 3131<br/>JACKSONVILLE, FL 32202</b>   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____  |   |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>HARRIS, RAYMOND W<br>45 ISLAND ESTATES PKWY<br>PALM COAST, FL 32137 | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SIEGEL, LEONARD<br>360 E 72ND, # C-2301<br>NEW YORK, NY 10021       | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SIEGEL, RONI<br>360 E 72ND, #C-2301<br>NEW YORK, NY 10021           | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>HARRIS, DEBRA A<br>45 ISLAND ESTATES PKWY<br>PALM COAST, FL 32137   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |   |   |  |
| 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> _____  |   |  | Date <b>5/26/07</b> Daytime Phone # <b>3864490880</b>                               |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  |   |   |  |