


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90185 013 \*\*\*\*50.00

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # L05000000549</b>  |  |    |   |
| 1. Entity Name<br>PENNBROOK REAL ESTATE SOLUTIONS, LLC  |  |   |   |
| Principal Place of Business<br>8152 THAMES BLVD<br>UNIT C<br>BOCA RATON, FL 33433   |  | Mailing Address<br>P.O. BOX 272381<br>BOCA RATON, FL 33427-2381   |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>8152 THAMES BLVD</b>   |  | 3. Mailing Address<br><b>10320 FLORES DRIVE</b>   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |
| City & State  |  | City & State<br><b>BOCA RATON, FL</b>   |   |
| Zip   | Country  | Zip<br><b>33428</b>   | Country<br><b>USA</b>   |
| 6. Name and Address of Current Registered Agent<br><br>KARYO, MAX<br>THE KARYO LAW FIRM, P.A.<br>370 WEST CAMINO GARDENS BLVD #201<br>BOCA RATON, FL 33432  |  | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><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 _____<br><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<br/>Due by May 1, 2007</b>   |  | <b>Make check payable to<br/>Florida Department of State</b>  |   |
| 9. MANAGING MEMBERS/MANAGERS  |  | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>WEINGARTEN, MICHAEL<br>1935 SHORE PARKWAY, APT. 1C<br>BROOKLYN, NY 11214 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>8152 THAMES BLVD #C<br/>BOCA RATON, FL 33433</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>CHIMENTI, DANIEL<br>709 TEABERRY TRAIL<br>STROUDSBURG, PA 18360 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>CHIMENTI, ANNETTE<br>709 TEABERRY TRAIL<br>STROUDSBURG, PA 18360 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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"/> Change <input type="checkbox"/> Addition   |
| 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"/> Change <input type="checkbox"/> Addition   |
| 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"/> 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:**

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

**3/26/07**

Date

**646-369-3219**

Daytime Phone #