

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-06-2006 90300 028 ****50.00

DOCUMENT # L05000027919 1. Entity Name P.E.N. 2 PARTNERS, LLC			
Principal Place of Business 503 N. INTERLACHEN AVENUE, STE. 2 WINTER PARK FL 32789		Mailing Address 503 N. INTERLACHEN AVENUE, STE. 2 WINTER PARK FL 32789	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 620 Suite, Apt. #, etc.	
City & State WINTER PARK, FL		4. FEEL Number 59-2999680	
Zip 32789-0620		Country U.S.A.	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/05)	
6. Name and Address of Current Registered Agent ROSOFF, ERIC 503 N. INTERLACHEN AVENUE, STE. 2 WINTER PARK FL 32789		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 _____ (NOTE: Registered Agent signature required when applicable) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSOFF, ERIC 503 N. INTERLACHEN AVENUE, STE. 2 WINTER PARK FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSOFF, NINA 3718 LOVERS LANE DALLAS TX 75225 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSOFF, PETER 28 PLYMOUTH ROAD SUMMIT NJ 07901 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Eric Rosoff / ERIC ROSEFF</u>		3/17/2006 407-647-4944	
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	