

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000027919

Entity Name: P.E.N. 2 PARTNERS, LLC

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

503 N. INTERLACHEN AVENUE, STE. 2
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

PO BOX 620
WINTER PARK, FL 32790

New Mailing Address:

FEI Number: 59-2999680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSOFF, ERIC
503 N. INTERLACHEN AVENUE, STE. 2
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSOFF, ERIC
Address: 503 N. INTERLACHEN AVENUE, STE. 2
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM () Delete
Name: ROSOFF, NINA
Address: 3718 LOVERS LANE
City-St-Zip: DALLAS, TX 75225

Title: MGRM () Delete
Name: ROSOFF, PETER
Address: 28 PLYMOUTH ROAD
City-St-Zip: SUMMIT, NJ 07901

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: ROSOFF, NINA
Address: 3718 LOVERS LANE
City-St-Zip: DALLAS, TX 75225

Title: MGR (X) Change () Addition
Name: ROSOFF, PETER
Address: 28 PLYMOUTH ROAD
City-St-Zip: SUMMIT, NJ 07901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERIC ROSOFF

MGRM

04/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date