

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90028 032 \*\*\*\*50.00

<b>DOCUMENT # L05000031846</b> 1. Entity Name 810 PENN, LLC					
Principal Place of Business <del>3326 MARY ST.</del> <del>402</del> <del>COCONUT GROVE, FL 33133 US</del>			Mailing Address <del>3326 MARY ST.</del> <del>402</del> <del>COCONUT GROVE, FL 33133 US</del>		
2. Principal Place of Business - No P.O. Box # <b>3326 MARY STREET</b> Suite, Apt. #, etc. <b>SUITE 402</b> City & State <b>MIAMI FL 33133</b> Zip <b>33133</b> Country <b>USA</b>		3. Mailing Address <b>3326 MARY STREET</b> Suite, Apt. #, etc. <b>SUITE 402</b> City & State <b>MIAMI FL 33133</b> Zip <b>33133</b> Country <b>USA</b>			
01162007 Chg-LLC CR2E083 (12/06)				4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  BEFELER, GEORGE ESQ 3326 MARY ST. 402 COCONUT GROVE, FL 33133			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BEFELER, GEORGE ESQ 3326 MARY ST., SUITE 402 COCONUT GROVE, FL 33133		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE:</b> _____			Date <b>1/24/07</b> Daytime Phone # <b>786 552 9780</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					