2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000031846 1. Enlity Name 810 PENN, LLC							02-06-2007 9	00028 032 ****	50.00
Principal Place of Business 3328 MARY-ST. 402 COCONUT-GROVE, FL 33133 U3			Mailing Address -3326 MARY ST 402 -COCONUT GROVE, FL 33133 US-) 			a ahan hi kan
2. Principal Pl 3326		iness - No P.O. Box #	3. Mailing Address 3326 MARY STREE						
Suite, Apt. #, etc. SUITE 402			Suite, Apt. #, etc. SUITE 402			01162007	Chg-LLC	CR2E083 (12/0	
City & State	<u>.</u> M\	PL 33133	City & State MIAMI F		33133	4. FEI Numb	PPLICABLE		Applied For Not Applicable
^{zip} 33	133	Country U.S.A.	33133	Countr	ŠĄ.	5. Certificate	e of Status Desired	□ \$5.00 Fee Req	Additional uired
	6. Nam	e and Address of Current R	Registered Agent		Name	7. Name and	d Address of New R	legistered Agent	
BEFELER, 3326 MAR 402		GE ESQ	Street Address ((P.O. Box Number is Not Acceptable)				
	GROVE	E, FL 33133		-					
					City				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. It am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature (required when reinstating) DATE									
Fi Di	ling Fee ue by Ma	is \$50.00 ay 1, 2007					te check payable to Department of S	I	
9.	· · · · · ·	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS		
TITLE NAME	MGR BEFELER, GEORGE ESQ		Delete TITLE					☐ Char	ge 🗌 Addition
STREET ADDRESS CITY-ST-ZIP		ARY ST., SUITE 402 UT GROVE, FL 33133			F ADORESS ST-ZIP				
TITLE	-		☐ Delete TITU					☐ Char	ge Addition
NAME STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP TITLE			Delete	TITLE	ST-ZIP			Char	ige Addition
NAME STREET ADDRESS				NAME SIRFE	T ADDRESS				. –
CITY-ST-ZIP		-		CITY	ST-ZIP	<u>-</u>			
NAME			Delete	TITLE NAME	:			☐ Char	ege 🗌 Addition
STREET ADDRESS CITY+ST-ZIP				B	ET ADDRESS ST-ZIP				
TITLE			Defete	TITLE	i i			☐ Char	age Addition
STREET ADDRESS				STREE	ET ADDRESS ST-ZIP				
TITLE			Delete	TITLE				Cha	nge Addition
NAME STREET ADDRESS				NAME STREE	ET ADDRESS				
CITY-ST-ZIP	a a stille sthat	the information available with	this fillion does not qualify f		ST-ZIP	in Chapter 119	Florida Statutes 11	urther certify that the	information
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.									
						124	107	106 2	0
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Deviere Proce 8									