2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 08, 2008 8:00 am Secretary of State DOCUMENT # L05000037473 05-08-2008 90106 044 ***138.75 PENN ROAD INVESTMENTS, LLC Principal Place of Business Mailing Address 1880400 9360 SUNSET DRIVE 9360 SUNSET DRIVE SUITE #220 **SUITE #220** MIAMI, FL 33173 MIAMI, FL 33173 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8624 S.W. 139 Terrace 8624 S.W. 139 Terrace Suite, Apt. #, etc. 05052008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Palmetto Applied For Palmetto BK Florida BAY Florida 14-1927761 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Ũ.S.A U.S.A 33158 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUBIN, JONATHAN R ESQ Street Address (P.O. Box Number is Not Acceptable) 9360 SUNSET DRIVE **SUITE #220** MIAMI; FL 33173 CityPalmetto Bay 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. name of registered agent and (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. ::-10. MGRM TITLE ☐ Delete TITLE Change ☐ Addition NAMÈ RUBIO, JOSE NAME 7398 S.W. 176 Street 9360 SUNSET DRIVE, SUITE 220 STREET ADDRESS STREET ADORESS Palmetto-BAY, FL 33157 MIAMI, FL 33173 CITY+ST-ZIF CITY+ST-ZIP **MGRM** TITLE ☐ Delete TITLE - etange ☐ Addition RUBIN, JONATHAN R NAME NAME 86245, W. 139 Terrece STREET ADDRESS 9360 SUNSET DRIVE, SUITE 220 STREET ADDRESS MIAMI, FL 33173 FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: ____ PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 596-7074 Hember

FILED