

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046587

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** PENMAN DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:**

1485 INTERNATIONAL PARKWAY  
SUITE 1001  
HEATHROW, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

1485 INTERNATIONAL PARKWAY  
SUITE 1001  
HEATHROW, FL 32746

**New Mailing Address:**

**FEI Number:** 20-2820892      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIPSON, GARY D  
390 NORTH ORANGE AVENUE, SUITE 1500  
ORLANDO, FL 32801 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: MGR ( ) Delete  
Name: LEWIS, MICHAEL E  
Address: 1485 INTERNATIONAL PKWY, SUITE 1001  
City-St-Zip: HEATHROW, FL 32746

Title: MGR ( ) Delete  
Name: SUBIN, H E  
Address: 1485 INTERNATIONAL PKWY, SUITE 1001  
City-St-Zip: HEATHROW, FL 32746

**ADDITIONS/CHANGES:**

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

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

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: MICHAEL E LEWIS      MGR      04/13/2009

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