

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056435

FILED
Sep 06, 2006
Secretary of State

Entity Name: PENNSYLVANIA PARTNERS, LLC

Current Principal Place of Business:

407 LINCOLN ROAD, SUITE 12 J
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

407 LINCOLN ROAD, SUITE 12 J
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVENUE
28TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LAURIN SEIDEN
407 LINCOLN ROAD
12J
MIAMI BEACH, FL 33139 US

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: LAURIN SEIDEN

09/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SEIDEN, LAURIN
Address: 407 LINCOLN ROAD, SUITE 12J
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Change (X) Addition
Name: FREEDMAN, RYAN
Address: 407 LINCOLN ROAD, SUITE 12J
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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: LAURIN SEIDEN

MGRM

09/06/2006

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