


**2007 LIMITED LIABILITY COMPANY  
AMENDED ANNUAL REPORT**

**FILED**

2007 MAR 12 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                       |   |
|---------------------------------------|---|
| <b>DOCUMENT # L05000062779</b>        |  |
| 1. Entity Name<br>PENTA HOMES II, LLC |   |

|  |  |
|--|--|
| Principal Place of Business<br>201 S. BISCAYNE BLVD.<br>SUITE 1500(LAD)<br>MIAMI, FL 33131 | Mailing Address<br>201 S. BISCAYNE BLVD.<br>SUITE 1500(LAD)<br>MIAMI, FL 33131 |
|--|--|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



03052007 Chg-LLC CR2E083 (12/06)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br><b>NOT APPLICABLE</b> | Applied For<br>Not Applicable |
|--|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| <b>- 6. Name and Address of Current Registered Agent -</b>                                  | <b>7. Name and Address of New Registered Agent</b> |
| CORPORATION COMPANY OF MIAMI<br>201 S. BISCAYNE BLVD.<br>SUITE 1500(LAD)<br>MIAMI, FL 33131 | Name   |
|   | Street Address (P.O. Box Number is Not Acceptable) |
|   | City   |
|   | FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                              |  |
|------------------------------|--|
| <b>Amended AR is \$50.00</b> | Make check payable to<br>Florida Department of State |
|------------------------------|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>NOVOA, HORACIO P<br>201 S BISCAYNE BLVD, # 1500<br>MIAMI, FL 33131 <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>000092638150</b><br><b>03/14/07--01041--008 **50.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Assistant Manager<br>Heinrich Obermoller<br>201 S. Biscayne Blvd, #1500/LAD<br>Miami, FL 33131 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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.

**SIGNATURE:** *Luis A. de Armas* Author. Rep. 3/5/07 305-379-9114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Luis A. de Armas