## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000072440

1. Entity Name
CREW PENELOPE, LLC

FILED Jul 06, 2007 08:00 AM Secretary of State

Principal Place of Business

4490 38TH WAY SOUTH ST. PETERSBURG, FL 33711 Mailing Address

4490 38TH WAY SOUTH ST. PETERSBURG, FL 33711



07032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3355783 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLAHERTY, PENNY B PRES. 4490 38TH WAY SOUTH ST. PETERSBURG, FL 33711

## DO NOT WRITE IN THIS SPACE

|                |   |                    |  | ·  |
|----------------|---|--------------------|--|--|
|                | named entity submits this statement for the purpose of changions of registered agent. | ging its registere | d office or registered agent, or bot         | h, in the State of Florida. I am familiar with, and accept |
| SIGNATURE      | Signature, typed or printed name of registered agent and title if applicable.         | (NOTE: Registered  | 1 Agent signature required when reinstating) | DATE   |
| Fii<br>Due i   | ling Fee is \$50.00<br>by September 14, 2007  | ,                  |  |  |
| 9.             | MANAGING MEMBERS/MANAGERS   |                    |  |  |
| TITLE          | MGRM  |                    |  |  |
| NAME           | FLAHERTY, PENNY B   |                    |  |  |
| STREET ADDRESS | 4490 38TH WAY SOUTH   |                    |  |  |
| CITY-ST-ZIP    | ST. PETERSBURG, FL 33711  |                    |  | U00000767331   |
| TITLE          | MGRM  |                    |  | 07/06/07-80010-008 50.00                                   |
| HOCOME:        | FLAHERTY, RICHARD J   |                    |  | •  |
| STREET ADDRESS | 4490 38TH WAY SOUTH   |                    | • • • • • •                                  |  |
| CITY-ST-ZIP    | ST. PETERSBURG, FL 33711  |                    | 1  |  |
| TITLE          |   |                    | 1  |  |
| NAME           |   |                    |  |  |
| STREET ADDRESS |   |                    | DO   | NOT WRITE  |
| CITY-ST-ZIP    | <u></u>   |                    | טט   | NOI WRITE  |
| TITLE          |   |                    | 161 -  | THIS SPACE   |
| NAME           |   |                    | 11.4   | I TIS SPACE  |
| STREET ADDRESS |   |                    |  |  |
| CITY-ST-ZIP    |   |                    |  |  |
| IITLE          |   |                    |  |  |
| NAME           |   |                    |  |  |

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

BE OF SIGNING MANAGING MEMBER, OR AUTHORIZED ME

6-30-07

721-69835

Dete

Daytime Phone #