2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075353

Entity Name: PENTCOR L.L.C.

Address:

City-St-Zip:

5065 WESTWOOD LAKE DRIVE

MIAMI, FL 33165 US

FILED Apr 29, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
5065 WES MIAMI, FL	STWOOD LAKE 33165 US	EDRIVE			
Current Mailing Address:			New Mailing Address:		
5065 WES MIAMI, FL	STWOOD LAKE 33165 US	EDRIVE			
FEI Number	: 75-3198267	FEI Number Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired (X)	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
MEREDITI 5065 WES MIAMI, FL	H, ROBERT W STWOOD LAKE 33165 US	E DRIVE			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () MARTINEZ, PAI 15980 SW 99TI MIAMI, FL 331	H STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MEREDITH, RC	OOD LAKE DRIVE	Title: Name: Address: City-St-Zip:	MGR (X) Change () Addition MEREDITH, ROBERT W 5065 WESTWOOD LAKE DRIVE MIAMI, FL 33165 US	
Title: Name: Address: City-St-Zip:	MGR () REYES, GILBE 11335 SW 158 MIAMI, FL 331	TH COURT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGR () WONG, ANDRE 9810 NW 43RD MIAMI, FL 331	TERRACE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	MGR () TAM, WARREN	Delete W	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: PABLO MARTINEZ MGRM 04/29/2006