

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080225

FILED
Apr 17, 2007
Secretary of State

Entity Name: JUANPENA, LLC

Current Principal Place of Business:

243 CYPRESS WAY WEST
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

243 CYPRESS WAY WEST
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENA, JUAN O
243 CYPRESS WAY WEST
NAPLES, FL 34110 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: PENA, BEATRICE M
Address: 243 CYPRESS WAY WEST
City-St-Zip: NAPLES, FL 34110 US

Title: MGR (X) Delete
Name: GRAHAM, MIKE
Address: 11239 LEDGEMENT LANE
City-St-Zip: WINDERMERE, FL 34786

Title: MGR (X) Delete
Name: BURR, JEREMY
Address: 213 LETON DRIVE
City-St-Zip: COLUMBIA, SC 29210

Title: MGR (X) Delete
Name: LESESNE, BRYAN
Address: 600 COMMONS LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

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

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

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 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: JUAN PENA

MGRM

04/17/2007

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