


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90102 010 ***138.75

DOCUMENT # L05000095575 1. Entity Name PENTA BAY INVESTMENTS, LLC	
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Principal Place of Business C/O 782 NW 42ND AVE STE 650 MIAMI, FL 33126	Mailing Address C/O 782 NW 42ND AVE STE 650 MIAMI, FL 33126
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2. Principal Place of Business - No P.O. Box # 5805 Blue Lagoon Dr. Suite, Apt. #, etc. Suite 220	3. Mailing Address 5805 Blue Lagoon Dr. Suite, Apt. #, etc. Suite 220
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City & State Miami FL.	City & State Miami, FL.
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Zip 33126	Country USA	Zip 33126	Country USA
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DUPLICATE



02072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3623532	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBERT ALLEN LAW 1441 BRICKELL AVE STE 1400 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Fowler White Burnett PA Street Address (P.O. Box Number is Not Acceptable) 1395 Brickell Ave. 14th Floor City Miami FL Zip Code 33131
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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 *Jeanne Fuentes-Lopez* DATE 02/13/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATRONE, ALFREDO			NAME	PATRONE, ALFREDO		
STREET ADDRESS	C/O 1441 BRICKELL AVENUE, STE 1400			STREET ADDRESS	5805 Blue Lagoon Dr. Ste. 220		
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP	Miami, FL 33126		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Jeanne Fuentes-Lopez* Date: 2/13/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE