2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# L05000107960

Entity Name: PENNYONTHEGO, LLC

Current Principal Place of Business:

4700 GULF OF MEXICO DRIVE
D-206
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

4700 GULF OF MEXICO DRIVE
D-206
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 43-2092438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURMEISTER, PENNY H
4700 GULF OF MEXICO DRIVE
D-206
LONGBOAT KEY, FL 34228 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:	BURMEISTER, C. JAMES	
Address:	4700 GULF OF MEXICO DRIVE D-206	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	MGR	( ) Delete
Name:	BURMEITER, PENNY H	
Address:	4700 GULF OF MEXICO DRIVE D-206	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	MGR	( ) Delete
Name:	BURMEISTER, TODD J	
Address:	11100 OXBORO TRAIL	
City-St-Zip:	CHAMPLIN, MN 55316	

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:	

I hereby certify that the information supplied with this filing does not qualify 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: C. JAMES BURMEISTER MGR 01/09/2009

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