## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jun 11, 2007 8:00 am Secretary of State 06-11-2007 90108 037 \*\*\*\*50.00

DOCUMENT # L06000002420  1. Entity Name PENIEL GROUP, LLC						06-11-2007 90108 037 ****50.00				
Principal Place of Business Mailing Address							ı	รกกภา	l Mai	
6465 SW 130 PL			6465 SW 130 PL				•	50001	1704	
508 508 MIAMI, FL 33183 MIAMI, FL 33183										
			111/11,12 33103							
2. Principal Place of Business - No P.O. Box # 1200 NW 78 AV # 210		988 - No P.O. Box # リ井 ユじ	3. Mailing Address			 				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		06012007	Chg-LLC	CR2E	083 (12/06)		
City & Star			City & State			4. FEI Numbe		<i>~</i>	Ar	oplied For
FL	<del></del>					56 - 3	25527	77	<del></del>	ot Applicable
3312	16	Country	Zip	Country	4	5. Certificate	of Status Desired		\$5.00 Add Fee Require	
0310		and Address of Current R	legistered Agent			7. Name and	Address of New F	Registered	Agent	
					Name					
BOTHE, JOHANN 6465 SW 130 PL					Street Addres	Idress (P.O. Box Number is Not Acceptable)				
508   MIAMI, FL	. 33183									
					City			FL	Zip Cod	e
O The shave		submits this statement for	the number of changing it	to registered	Laffina as ragio	intered agent, or bot	h in the State of El			and accept
	tions of registe		the purpose of changing if	rz redizieren	i olikce or regis	stered agent, or bot	ii, sii trie State Oi i ii	Olica. Talli	iaiiiliai wiiii,	and accept
SIGNATURE										
	Signature, typed o	or printed name of registered agent an	nd title if applicable. (NC	OTE: Registered A	Agent signature requ	quired when reinstating)		DATE		
) S a m	ling Fee is		nd title it applicable (NC	DTE: Registered A	Agent signature requ	guired when reinstating)		ke check p	payable to nent of State	е
) S a m	ling Fee is	\$50.00		DTE: Registered A	Agent signature requ	izuired when reinstating)		ke check p a Departm	nent of Stat	e
Pi Due	ling Fee is by Septem	\$50.00 lber 14, 2007 MANAGING MEMBER		10. TITLE	Agent signature requ	puired when reinstating)	Florida	ke check p a Departm	nent of Stat	e Addition
9. TITLE NAME	ling Fee is by Septem MGR MEJIA, MA	\$50.00 Iber 14, 2007 MANAGING MEMBER	S/MANAGERS	10. TITLE NAME		puired when reinstating)	Florida	ke check p a Departm	nent of State	
Pi Due	ling Fee is by Septem MGR MEJIA, MA	\$50.00 Iber 14, 2007 MANAGING MEMBER AURICIO A 130 PL, #508	S/MANAGERS	10. TITLE NAME	ADDRESS	tuired when reinstating)	Florida	ke check p a Departm	nent of State	
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11. I hereby certify that the information supplied the his filing does not qualify for the expressions 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 receive of trustee empowered to execute the receive by Chapter 608, Florida Statutes.

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