2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007
Secretary of State

DOCUMENT# L06000076696

Entity Name: PENN AVENUE, LLC

Current Principal Place of Business:

2914 OPTIMIST DRIVE
MARIANNA, FL 32448

New Principal Place of Business:

Current Mailing Address:

2914 OPTIMIST DRIVE
MARIANNA, FL 32448

New Mailing Address:

PO BOX 1248
MARIANNA, FL 32446

FEI Number: 20-5312868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILTON & RHODES, PLLC
2863 JEFFERSON STREET
MARIANNA, FL 32446 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:	MGRM	( ) Delete
Name:	MESSER, ALBERT L	
Address:	4332 LAFAYETTE STREET	
City-St-Zip:	MARIANNA, FL 32446	
Title:	MGRM	( ) Delete
Name:	MESSER, MICHELE R	
Address:	4332 LAFAYETTE STREET	
City-St-Zip:	MARIANNA, FL 32446	
Title:	MGRM	( ) Delete
Name:	MILTON, ALBERT T	
Address:	4304 LAFAYETTE STREET	
City-St-Zip:	MARIANNA, FL 32446	
Title:	MGRM	( ) Delete
Name:	MILTON, KATHY S	
Address:	4304 LAFAYETTE STREET	
City-St-Zip:	MARIANNA, FL 32446	
Title:	MGRM	( ) Delete
Name:	SMITH, STEVEN D	
Address:	P.O. BOX 183	
City-St-Zip:	ALFORD, FL 32420	
Title:	MGRM	( ) Delete
Name:	SMITH, CONNIE S	
Address:	P.O. BOX 183	
City-St-Zip:	ALFORD, FL 32420	

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:	
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: CONNIE S. SMITH MGRM 04/06/2007

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