

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076696

FILED  
Apr 05, 2008  
Secretary of State

Entity Name: PENN AVENUE, LLC

## Current Principal Place of Business:

2914 OPTIMIST DRIVE  
MARIANNA, FL 32448

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1248  
MARIANNA, FL 32446

## New Mailing Address:

2216 HWY 71 S  
MARIANNA, FL 32448

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 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

04/05/2008

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