FILED Aug 27, 2007 8:00 am Secretary of State 07-16-2007 90042 012 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000087072 1. Entity Name PENGYUAN, LLC								
Principal Place 832 NORTH ORLANDO, FI	Mailing Address 832 NORTH THORNTO ORLANDO, FL 32803	832 NORTH THORNTON AVE.		30012492				
2. Principal P	lace of Business - No PO Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc			06092007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State			4. FEI Numb	5508516		pplied For of Applicable
Zip	Country	Zip Coun		ilty	5. Cértificate	e of Status Desired	55.00 Add	
Name and Address of Current Registered Agent				Name	7. Name and	d Address of New F	Registered Agent	
,	ONG BBLE RIDGE ST. BARDER, FL. 34787			Street Address (I	P O Box Numb	per is Not Acceptable	G)	
				City		·	Et Zip Cod	le .
The above named entity submits this statement for the purpose of changing its regis				L_ ′	ed agent, or bo	oth, in the State of Fl	r L	
the obligations of registered agent. SIGNATURE								
Signature, faces or printed nember or registrants agent and size in especiative 1/LOTE Registrate Agent agreement economic and substituting) CATE								
Filing Fee is \$50.00 Due by September 14, 2007							e check payable to Be Dopartment of State	8
9.	MANAGING MEMBER	0 V	10.		-	ADDITIONS.		
TITLE NAME	Yong Huang	Delete 1: On	TITLI	-			☐ Change	☐ Addition
STREET ADDRESS City-St-Zip	Winder Garda	TH 34787		ET ADDRESS -ST-ZIP			•	
IULE	Grever Mana	ser Detete	Tift				☐ Change	Addition
NAME STREET ADDRESS	Yuzhong 4	homton the	NAM STRE	E Et adoress				
CITY-ST-ZP	orlando FL	22803		-ST-ZP	'			
TITLE NAME		☐ Delete	TITLE NAM				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STRE	et address -St-zip)
ITLE		Oelete	TALL				☐ Change	Addition
STREET ADDRESS				ET ADDRESS -51-2P				
IITLE NAME		☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -S1-ZIP				
TITLE		☐ Delete	TITLE	1		•	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				ET ADGRESS -SI-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 (X) / 6mg (Juan) 7/12/07 407-758-1698								
1 0.0.34	SIGNATURE KNO TYPED OR PRINTED HAME OF	SIGNING MANAGINE MEMBER, MAI	AGER, DR	AUTHORIZED REPREBER	ITATIVE	Date	Davime Phone a	