2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 25, 2008 8:00 am
Secretary of State
03-25-2008 90084 005 ***143.75

DOCUMENT # L06000093983

1. Entity Name

PENNA PROPERTIES LLC

Principal Place of Business	Mailing Address
9810 SW 19ST MIAMI FL 33165	9810 SW 19ST MIAMI FL 33165

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12005 Warwick Cir.	12005 Warwick Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Parrish, FL	City & State: Parrish, FL
Zip: 34219 Country: USA	Zip: 34219 Country: USA

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PENNA, JOSEPH A JR. 9810 SW 19ST MIAMI FL 33165	Name: Joseph A. Penna Jr. Street Address (P.O. Box Number is Not Acceptable): 12005 Warwick Cir. City: Parrish FL Zip Code: 34219

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 03-11-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	President	☐ Change ☑ Addition
NAME	PENNA, JOSEPH A SR.		NAME	Joseph A. Penna Jr.	
STREET ADDRESS	9810 SW 19 ST		STREET ADDRESS	12005 Warwick Cir.	
CITY-ST-ZIP	MIAMI FL 33165		CITY-ST-ZIP	Parrish, FL 34219	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] Joseph A. Penna Jr. 03-11-08 813-514-5914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #