

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094488

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: THE PENINSULA REALTY, LLC

## Current Principal Place of Business:

3500 ISLAND BLVD.  
D-205  
AVENTURA, FL 33160

## New Principal Place of Business:

3225 NE 184TH ST  
10-204  
AVENTURA, FL 33160

## Current Mailing Address:

3500 ISLAND BLVD.  
D-205  
AVENTURA, FL 33160

## New Mailing Address:

3225 NE 184TH ST  
APT. 10-204  
AVENTURA, FL 33160

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MATUS, JOEL  
3500 ISLAND BLVD.  
D-205  
AVENTURA, FL 33160 US

## Name and Address of New Registered Agent:

MATUS, JOEL  
3225 NE 184TH ST  
10-204  
AVENTURA, FL 33160 US

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:

06/23/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MATUS, JOEL  
Address: 3500 ISLAND BLVD. #D-205  
City-St-Zip: AVENTURA, FL 33160

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MATUS, JOEL  
Address: 3225 NE 184TH ST APT 10-204  
City-St-Zip: AVENTURA, FL 33160

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: JOEL MATUS

PRES

06/23/2009

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