
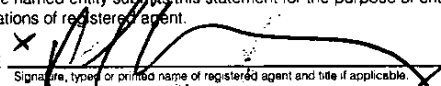
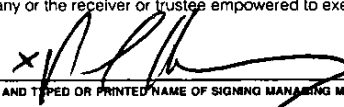


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90029 043 ***138.75

DOCUMENT # L07000078909 1. Entity Name PN HOLDINGS VII, LLC					
Principal Place of Business 1498 N.W. 3RD STREET DEERFIELD BEACH, FL 33442			Mailing Address 1498 N.W. 3RD STREET DEERFIELD BEACH, FL 33442		
2. Principal Place of Business - No P.O. Box # 1388 SW 8th St		3. Mailing Address 1388 SW 8th St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pompano Beach FL		City & State Pompano Beach FL		4. FEI Number 26-0657641	
Zip 33069		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HERSHKOWITZ, PAUL 1498 N.W. 3RD STREET DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name Hershkovitz, Paul Street Address (P.O. Box Number is Not Acceptable) 1388 SW 8th St City Pompano Beach FL Zip Code 33069			
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  DATE 4/28/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR HERSHKOWITZ, PAUL 1498 N.W. 3RD STREET DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	1388 SW 8th Street Pompano Beach FL 33069			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  DATE 4/28/08 DAYTIME PHONE # 954 782 3600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					