2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000002307

1. Entity Name
PENNMAWR-FLA, LLC

Principal Place of Business	Mailing Address
827 CASTLEFINN LANE BRYN MAWR, PA 19010	827 CASTLEFINN LANE BRYN MAWR, PA 19010

DO NOT WRITE IN THIS SPACE

07122006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1127437

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

U00000572681
07/28/06-80009-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COHEN, ALLEN
STREET ADDRESS	827 CASTLEFINN LANE
CITY-ST-ZIP	BRYN MAWR, PA 19010
TITLE	MGRM
NAME	COHEN, RICHARD
STREET ADDRESS	2617 SAINT DAVID'S LANE
CITY-ST-ZIP	ARDMORE, PA 19003
TITLE	MGRM
NAME	COHEN, PHILIP
STREET ADDRESS	256 WILTSHIRE ROAD
CITY-ST-ZIP	WYNNEWOOD, PA 19096
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [signature] 07/24/06 610-524-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #