

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90227 032 \*\*\*150.00

**DOCUMENT # L04000060137**  
 1. Entity Name  
 8803 ENTERPRISE TAMPA, LLC



Principal Place of Business: 9780 NW 79 AVENUE, HIALEAH GARDENS, FL 33016  
 Mailing Address: 9780 NW 79 AVENUE, HIALEAH GARDENS, FL 33016

20002167



**DO NOT WRITE IN THIS SPACE**

01202006No Chg-LLC CR2E083 (11/05)

4. FEI Number: 37-1494556  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SUAREZ, SANTIAGO A  
 9595 COLLINS AVENUE, #1008N  
 SURFSIDE, FL 33154

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

**Filing Fee is \$50.00 Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SUAREZ, SANTIAGO A<br>9595 COLLINS AVENUE #1008N<br>SURFSIDE, FL 33154 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>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: Santiago A. Suarez, Pres. 1/20/06 305.821.9720  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #