

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029524

Entity Name: ENTERPRISE 2650 LLC

FILED  
Apr 12, 2008  
Secretary of State

**Current Principal Place of Business:**

2650 ENTERPRISE RD.  
SUITE D  
CLEARWATER, FL 33763

**New Principal Place of Business:**

**Current Mailing Address:**

1342 YULEE DR.  
CLEARWATER, FL 33764

**New Mailing Address:**

FEI Number: 20-2561585

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHWEIGER, MICHAEL  
1342 YULEE DR.  
CLEARWATER, FL 33764 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MICHAEL, SCHWEIGER  
Address: 1342 YULEE DR.  
City-St-Zip: CLEARWATER, FL 33764

Title: MGR ( ) Delete  
Name: BERGOFFEN, GLENN  
Address: 2650 ENTERPRISE RD.  
City-St-Zip: CLEARWATER, FL 33763

Title: MGR ( ) Delete  
Name: JAMES, HAZLETT II  
Address: 2650 ENTERPRISE RD.  
City-St-Zip: CLEARWATER, FL 33763

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL SCHWEIGER

MGRM

04/12/2008

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