

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029524

Entity Name: ENTERPRISE 2650 LLC

FILED
Jan 15, 2009
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:

SCHWEIGER, MICHAEL R
1342 YULEE DR.
CLEARWATER, FL 33764 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: MICHAEL SCHWEIGER

01/15/2009

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

01/15/2009

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