



FILED
May 23, 2007 8:00 am
Secretary of State

04-30-2007 90413 025 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

4/:

DOCUMENT # P06000015126			
1. Entity Name TL2 ENTERPRISES, INCORPORATED			
Principal Place of Business 820 4TH STREET KEY WEST, FL 33040 US		Mailing Address 820 4TH STREET KEY WEST, FL 33040 US	
2. Principal Place of Business - No P.O. Box # 1510 S. Tuttle Ave		3. Mailing Address 1510 S. Tuttle Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34239		Country U.S.A.	
4. FEI Number 20-4274662		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAGLICH, DAVID S ESQ. 1515 RINGLING BOULEVARD 10TH FLOOR SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when "reinstating") DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LETSCHERT, TRUDO II 820 4TH STREET KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1510 S. Tuttle Ave Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Trudo Letschert II		Date: 4/27/07 Phone: 941-366-9573	