


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90028 047 ***150.00

DOCUMENT # P98000030534

1. Entity Name
4227 ENTERPRISE AVENUE, INC.



Principal Place of Business
**4251 LAKE FOREST DR
 BONITA SPRINGS, FL 34134**

Mailing Address
**2400 TAMiami TR NORTH
 SUITE 201
 NAPLES, FL 34103**

40077978



2. Principal Place of Business - No P.O. Box #
1011 Touhy Ave.

3. Mailing Address
1011 Touhy Ave.

City, Apt. #, etc.
#290

City, Apt. #, etc.
#290

02202008 Chg-P CR2E034 (12/06)

City & State
Des Plaines, IL

City & State
Des Plaines, IL

4. FEI Number
65-0825233

Applied For
 Not Applicable

Zip
60018

Country
USA

Zip
60018

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BURKE, WILLIAM M
 C/O BOND, SCHOENECK & KING, P.A.
 1167 THIRD STREET SOUTH #107
 NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name
William M. Burke, Esq.

Street Address (P.O. Box Number is Not Acceptable)
c/o Goodlette, Coleman, Johnson, et. al.

4001 Tamiami Trail North, Suite 300

City
Naples

FL Zip Code
34103

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 *William M. Burke* DATE **2/21/08**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	TOBIN, MARY C	4251 LAKE FOREST DR	BONITA SPRINGS, FL 34134	<input type="checkbox"/>
D	TOBIN, KEVIN J	220 EASTERN AVENUE	BARRINGTON, IL 60010	<input type="checkbox"/>
D	TOBIN, DANIEL C	220 EASTERN AVENUE	BARRINGTON, IL 60010	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Tobin, Mary C.	4251 Lake Forest Dr. #214	Bonita Springs, FL 34134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Tobin, Kevin J.	500 N. Michigan Ave. #300	Chicago, IL 60611	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Kevin J. Tobin* DATE: **4/17/08** DAYTIME PHONE: **312-924-4200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR