

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002661

Entity Name: A-110 ENTERPRISES, LLC

FILED  
Jan 10, 2007  
Secretary of State

**Current Principal Place of Business:**

1801 S.E. HILLMOOR DRIVE  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1801 S.E. HILLMOOR DRIVE  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 04-3617207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TURNER, JOHN A  
515 N. FLAGLER DRIVE, SUITE 600  
C/O ARNSTEIN & LEHR  
WEST PALM BEACH, FL 33401 US

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

TURNER, JOHN A  
BUCKINGHAM, DOLITTLE & BURROUGHS  
515 N FLAGLER DR  
WEST PALM BEACH, FL 33401 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:

01/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOFFMAN, DONALD JR MD  
Address: 1801 SE HILLMOOR DR STE A110  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD B HOFFMAN

DR

01/10/2007

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