2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000007771

1. Entity Name
SUSAN ENTERPRISES, LLC

Principal Place of Business	Mailing Address
1942 LAGO VISTA BOULEVARD PALM HARBOR, FL 34685	136 BROADWAY WOODCLIFF LAKE, NJ 07677

2. Principal Place of Business	3. Mailing Address 35184 US (9N)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Palm Harbor Fl
Zip	Country	Zip 34684	Country

04252005   Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
01-0651568	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JALLO, CHAMOUN 1942 LARGO VISTA BLVD PALM HARBOR, FL 34685	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 _____

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JALLO, CHAMOUN 1942 LARGO VISTA BLVD PALM HARBOR, FL 34685	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _Chamoun Jallo_   4-29   727 771 1155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #