


PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90272 013 ****55.00

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
ANNUAL REPORT		
DOCUMENT # LO 20000 14079		
1. Limited Liability Company's Name CER Enterprises LLC		
2. Principal Office Address 1112 NW 24th Ave	3. Mailing Office Address _____	
Suite, Apt. #, etc. _____	Suite, Apt. #, etc. _____	
City & State OCALA Florida	City & State u	
Zip 34475	Country MARION	Zip _____
		Country _____

CR2E041 (8/05)

4. State/Country of Formation _____

5. Date Organized or Qualified To Do Business in Florida _____

6. FEI Number 47-0873478

<input type="checkbox"/>	Applied For
<input type="checkbox"/>	Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent			
Name <i>Butts, Robert P Fisher & Butts PA</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>5203 SW 91st Terrace</i>			
Suite, Apt. #, Etc. <i>Suite D</i>			
City <i>Gainesville</i>		State FL	Zip Code <i>32608</i>

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	Roy Phillips	1112 NW 24 th Ave	Ocala FLA 34475

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Roy Phillips Date 3-12-06 Daytime Phone# 352-368-9833

Typed or printed name of signing Managing Member/Manager _____