


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000020831</b> 1. Entity Name WARTHOG ENTERPRISES, LLC	
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Principal Place of Business 3 WHEELING LANE PALM COAST, FL 32164	Mailing Address 3 WHEELING LANE PALM COAST, FL 32164
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<b>DO NOT WRITE IN THIS SPACE</b>
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01052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 82-0559795	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LEWIS, SUZANNE C 3 WHEELING LANE PALM COAST, FL 32164
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<b>DO NOT WRITE IN THIS SPACE</b>
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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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>
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**Filing Fee is \$50.00  
Due by May 1, 2007**

000000587527  
01/17/07-80036-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWIS, SUZANNE C 3 WHEELING LANE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUTWIN, CARRIE L 3 WHEELING LANE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWIS, REID M 3 WHEELING LANE PALM COAST, FL 32164
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. 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 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.  <b>SIGNATURE:</b> <u>Suzanne C. Lewis</u> <u>Suzanne C. Lewis</u> <u>1/10/07</u> <u>386.986.3418</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>
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