## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 31, 2008 08:00 AN
Secretary of State

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1. Entity Name

CADA ENTERPRISES, LLC



Principal Place of Business

25 OLD POST ROAD LONGWOOD, FL 32779 Mailing Address

25 OLD POST ROAD LONGWOOD, FL 32779



01272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
48-1274230
Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

BOWMAN, CATHERINE P 25 OLD POST ROAD LONGWOOD, FL 32779 DO NOT WRITE IN THIS SPACE

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 Fiorida.	I am tamiliar 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

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75

9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BOWMAN, CATHERINE P 25 OLD POST ROAD LONGWOOD, FL 32779					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWMAN, DAVID G 25 OLD POST RD LONGWOOD, FL 32779					
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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.

SIGNATURE: AHMING PRODUNGUE

SONATURE: AHMING OF PRODUCTION OF PRODUCTION OF PROPERTY AND THE OWNER OF AUTHORIZED REPRESENTATIVE

1/28/08

407-333-48/3

Deytime Phone #