

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 MAR -7 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L03000032115

1. Entity Name
TRELAWNY ENTERPRISES, LLC

Principal Place of Business
15841 PINES BLVD.
PEMBROKE PINES, FL 33027

Mailing Address
15841 PINES BLVD.
PEMBROKE PINES, FL 33027



03032008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0179509	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, DUDLEY A
13166 SW 21 STREET
MIRAMAR, FL 33027

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 Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

700121515547

03/28/08--01015--014 **138.78

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WILSON, CARL A
STREET ADDRESS	9339 CLASSICO WEST
CITY-ST-ZIP	WELLINGTON, FL 33411
TITLE	MGRM
NAME	PALMER, BRUCE C
STREET ADDRESS	9163 NW 20TH MANOR
CITY-ST-ZIP	CAROL SPRINGS, FL 33071
TITLE	MGRM
NAME	BROWN, DUDLEY A
STREET ADDRESS	13166 S.W. 21 STREET
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

VOID

03/24/08 60003-010 138.75

DO NOT WRITE
IN THIS SPACE

3/7/08

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: *[Signature]* Date: 3/4/08 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE