

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039740

FILED
Apr 15, 2009
Secretary of State

Entity Name: ENTERPRISE ASSOCIATES/SRQ, LLC

Current Principal Place of Business:

1517 STATE STREET
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

1517 STATE STREET
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 76-0749424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFLUGNER, J. GEOFFREY
8470 ENTERPRISE CIRCLE
SUITE 201
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

PFLUGNER, J. GEOFFREY
8470 ENTERPRISE CIRCLE
SUITE 201
LAKEWOOD RANCH, FL 34202 US

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.

SIGNATURE: J GEOFFREY PFLUGNER

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAMAD, SAMUEL A
Address: 1814 ROLAND STREET
City-St-Zip: SARASOTA, FL 34231

Title: MGR () Delete
Name: HOYT, GARY
Address: 1527 SECOND STREET
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HAMAD, MICHAEL A
Address: 1517 STATE STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: MGR (X) Change () Addition
Name: HOYT, GARY
Address: 1527 SECOND STREET
City-St-Zip: SARASOTA, FL 34236 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY HOYT

MGR

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date