

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000046093 | |
| 1. Entity Name CT ENTERPRISES, LLC | |
| Principal Place of Business 2205 BONNIE DRIVE WEST PALM BEACH, FL 33415 | Mailing Address 2205 BONNIE DRIVE WEST PALM BEACH, FL 33415 |



02222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 20-0405771 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

PEREZ, COSME E
2205 BONNIE DRIVE
WEST PALM BEACH, FL 33415

**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 _____

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 \$538.75

U00000838900
03/05/08-80049-001 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PEREZ, COSME E 2205 BONNIE DRIVE WEST PALM BEACH, FL 33415 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PLA, MARTHA M 2205 BONNIE DRIVE WEST PALM BEACH, FL 33415 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(Signature)
COSME E. PEREZ 2-22-08 384-5518