

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003881

FILED
Apr 30, 2006
Secretary of State

Entity Name: OUR ENTERPRISES, LTD. CO.

Current Principal Place of Business:

126 LAKE PINE CIRCLE A-2
GREENACRES, FL 334635199

New Principal Place of Business:

Current Mailing Address:

126 LAKE PINE CIRCLE A-2
GREENACRES, FL 334635199

New Mailing Address:

FEI Number: 11-3711508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELLARS, LOIS L
126 LAKE PINE CIRCLE A-2
GREENACRES, FL 334635199 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STANCHAK-ALEXANDER, GLORIA
Address: 126 LAKE PINE CIRCLE A-2
City-St-Zip: GREENACRES, FL 334635199

Title: MGRM () Delete
Name: SELLARS, LOIS L
Address: 126 LAKE PINE CIRCLE A-2
City-St-Zip: GREENACRES, FL 334635199

Title: MGRM (X) Delete
Name: FRISCIA, JOYCE
Address: 126 LAKE PINE CIRCLE A-2
City-St-Zip: GREENACRES, FL 334635199

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GLORIA STANCHAK-ALEXANDER

SEC

04/30/2006

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