2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 12, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
1. Entity Name	MENT # L040000110 ENTERPRISES, LLC	21		· · 50	ecretary of State	
5503 NORTH MILITARY TRAIL 550 UNIT 204 UNIT		Mailing Address 5503 NORTH MILITARY TRAIL UNIT 204 BOCA RATON, FL 33496 U	·			
D	O NOT WRITE		CE	01072006No Chg-LLC CR2E083 (11/05) 4. FEI Number		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				DO NOT IN THIS		
the obligation	named entity submits this statement for ons of registered agent.	the purpose of changing its register	red office or register	red agent, or both, in the State	e of Florida. I am familiar with, and accept	
Fi	Signature types or printed harms of registered agent and ling Fee is \$50.00 se by May 1, 2006	d due if applicable (NOTE Register	eti Agent signature requirec	f when reinstating)	DATE	
9.	MANAGING MEMBER	S/MANAGERS	1			
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE	MGRM MYER, RICHARD M 5503 NORTH MILITARY TRAIL - I BOCA RATON, FL 33496	JNIT 204		01/13	10000384074 8706-80027-012 55.00	
NAME STREET ADDRESS CITY-ST-ZIP						
ITLE NAME STREET ADDRESS CITY -ST-7UP TULE NAME STREET ADDRESS			DO NOT WRITE IN THIS SPACE			
CITY-ST-ZIP YITLE NAME STREET ADDRESS CITY-ST-ZIP		 				

11. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

URE: Jahan My My SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/07/06

561-241-0942

Daytime Phone #