

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000049334</b> 1. Entity Name F.O. ENTERPRISES, LLC	
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Principal Place of Business 9124 GALLUP CIRCLE SPRING HILL, FL 34609	Mailing Address 9124 GALLUP CIRCLE SPRING HILL, FL 34609
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**DO NOT WRITE IN THIS SPACE**



03122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1316742	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  PASTORE, JOSEPH 9124 GALLUP CIRCLE SPRING HILL, FL 34609
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**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000757808  
05/23/07-80080-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASTORE, JOSEPH 9124 GALLUP CIRCLE SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EATON, ROBERT 7343 JOMEL DRIVE SPRING HILL, FL 34607
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **more Joseph Pastore** **4-27-07** **683-5682**  
SIGNATURE AND TYPE/PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #