

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083838

FILED  
Mar 02, 2007  
Secretary of State

Entity Name: PUTNAM ENTERPRISES, LLC

**Current Principal Place of Business:**

113 NORTH 4TH STREET  
#6  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

113 NORTH 4TH STREET  
#6  
PALATKA, FL 32177

**New Mailing Address:**

FEI Number: 20-2010329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOATWRIGHT, CARLESS J II  
110 HIAWATHA COURT  
EAST PALATKA, FL 32131 US

**Name and Address of New Registered Agent:**

BOATWRIGHT, CARLESS J II  
222 NORTH 3RD STREET  
PALATKA, FL 32177 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:

03/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WILHITE, DANIEL T  
Address: 113 NORTH 4TH STREET  
City-St-Zip: PALATKA, FL 32177

Title: MGR ( ) Delete  
Name: BOATWRIGHT, CARLESS J II  
Address: 110 HIAWATHA COURT  
City-St-Zip: EAST PALATKA, FL 32131

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: BOATWRIGHT, CARLESS J II  
Address: 222 NORTH 3RD ST  
City-St-Zip: PALATKA, FL 32177

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: DANIEL T. WILHITE

MGRM

03/02/2007

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