

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED

07 SEP 21 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000024933

1. Entity Name  
ENTERPRISE PROPERTIES OF THE PALM BEACHES,  
LLC



Principal Place of Business

212 SE 9TH AVENUE  
BOYNTON BEACH, FL 33435 US

Mailing Address

212 SE 9TH AVENUE  
BOYNTON BEACH, FL 33435 US



07172007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4297768

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DELISI, MARTIN V  
2000 PLA BLVD  
SUITE 3206  
NORTH PALM BEACH, FL 33408

**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 September 14, 2007

500109890226  
09/25/07--01027--016 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME NADEAU, DEZIEL  
STREET ADDRESS 212 SE 9TH AVENUE  
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE MGR  
NAME NADEAU, STEPHANIE  
STREET ADDRESS 212 SE 9TH AVENUE  
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

9/14/07

Date

Daytime Phone #