

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000028481**

1. Entity Name  
**S & S ENTERPRISE PROPERTIES, L.L.C.**



Principal Place of Business  
**C/O THOMAS SCHOBORG, M.D.  
285 BOULEVARD N.E. STE 215  
ATLANTA, GA 30312**

Mailing Address  
**C/O THOMAS SCHOBORG, M.D.  
285 BOULEVARD N.E. STE 215  
ATLANTA, GA 30312**



01082008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**35-2252152**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COX, DANIEL H ESQ  
DANIEL H. COX, P.A.  
203 WEST 6TH STREET  
CARRABELLE, FL 32322**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SANTUCCI, CELSO
STREET ADDRESS	3305 GREENCASTLE CHASE
CITY-ST-ZIP	MARIETTA, GA 30062
TITLE	MGRM
NAME	SCHOBORG, THOMAS W
STREET ADDRESS	285 BLVD. NE STE 215
CITY-ST-ZIP	ATLANTA, GA 30312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000782120  
01/15/08-80062-008 143.75

**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

Date

Daytime Phone #

1-9-08 4045245082