

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028481

FILED
Jan 06, 2009
Secretary of State

Entity Name: S & S ENTERPRISE PROPERTIES, L.L.C.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 35-2252152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANTUCCI, CELSO
Address: 3305 GREENCASTLE CHASE
City-St-Zip: MARIETTA, GA 30062

Title: MGRM () Delete
Name: SCHOBORG, THOMAS W
Address: 285 BLVD. NE STE 215
City-St-Zip: ATLANTA, GA 30312

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS W. SCHOBORG

MGR.

01/06/2009

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