

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033934

FILED  
Jan 23, 2007  
Secretary of State

Entity Name: ENTERPRISE II OF FLORIDA, LLC

## Current Principal Place of Business:

2501 KEYSTONE COURT  
ST. PETERSBURG, FL 33710

## New Principal Place of Business:

19695 KILKEE COURT  
BROOKFIELD, WI 53045

## Current Mailing Address:

2501 KEYSTONE COURT  
ST. PETERSBURG, FL 33710

## New Mailing Address:

19695 KILKEE COURT  
BROOKFIELD, WI 53045

FEI Number: 20-3593770

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ROBERTSON, RICHARD A  
2501 KEYSTONE COURT  
ST. PETERSBURG, FL 33710 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: MGR ( ) Delete  
Name: ROBERTSON, HAROLD D  
Address: 2501 KEYSTONE COURT  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ROBERTSON, HAROLD D  
Address: 19695 KILKEE COURT  
City-St-Zip: BROOKFIELD, WI 53045

Title: MGR. ( ) Change (X) Addition  
Name: ROBERTSON, HAROLD D  
Address: 19695 KILKEE COURT  
City-St-Zip: BROOKFIELD, WI 53045

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: HAROLD D. ROBERTSON

MGR

01/23/2007

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