

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000041164**

1. Entity Name  
**FISCHER ENTERPRISES, LLC**



Principal Place of Business  
**4057 N.E. 5TH TERRACE  
OAKLAND PARK, FL 33334**

Mailing Address  
**4057 N.E. 5TH TERRACE  
OAKLAND PARK, FL 33334**



01092007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1907121</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**FISCHER, CHARLES W JR  
4057 N.E. 5TH TERRACE  
OAKLAND PARK, FL 33334**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	FISCHER, CHARLES W SR
STREET ADDRESS	4057 N.E. 5TH TERRACE
CITY-ST-ZIP	OAKLAND PARK, FL 33334

TITLE	MGRM
NAME	FISCHER, CHARLES W JR
STREET ADDRESS	4057 N.E. 5TH TERRACE
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01/19/07-80029-005 50.00

**DO NOT WRITE  
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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:** *Charles W. Fischer Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*1/15/07 954-566-5689*  
Date Daytime Phone #