

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000041916

1. Entity Name  
29 ENTERPRISE DRIVE, LLC



Principal Place of Business

1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE  
PALM COAST, FL 32137

Mailing Address

1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE  
PALM COAST, FL 32137



03222007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
35-2253754

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KATZ, B. PAUL  
1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE  
PALM COAST, FL 32137

**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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
EAGLE, DENIS  
7 PENN PLAZA, SUITE 820  
NEW YORK, NY 10001

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SIEGEL, DAVID  
7 PENN PLAZA, SUITE 820  
NEW YORK, NY 10001

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
RUTKOWITZ, LEONARD  
7 PENN PLAZA, SUITE 820  
NEW YORK, NY 10001

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000680786  
04/04/07-80015-006 50.00

**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 #

DENIS EAGLE

3/23/07

212-714-2668