

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083961

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** TERRELL OWENS ENTERPRISES, LLC

**Current Principal Place of Business:**

18101 COLLINS AVE  
5302  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

18101 COLLINS AVE  
5302  
SUNNY ISLES, FL 3160

**New Mailing Address:**

18101 COLLINS AVE  
5302  
SUNNY ISLES, FL 33160

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAPPAPORT, EDWARD  
3427 NORFOLK STREET  
POMPANO BEACH, FL 33062 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: OWENS, TERRELL E  
Address: 18101 COLLINS AVE STE 5302  
City-St-Zip: SUNNY ISLES, FL 33160

**ADDITIONS/CHANGES:**

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: TERRELL OWENS

MGRM

04/01/2009

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