2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #1 05000105482 THE SAME

FILED Mar 20, 2008 8:00 am Secretary of State 03-20-2008 90181 025 ***143.75

1. Entity Nam	ne	TERPRISES, LLC	70 <u>2</u>						
Principal Place of Business 300 S. CENTRAL AVENUE APOPKA, FL 32703			Mailing Address 300 S. CENTRAL AVENUE APOPKA, FL 32703			6001607	· S		
2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03012008 Chg-LLC	CR2E	083 (12/06)	
City & State			City & State			4. FEI Number 20-3697471		<u> </u>	pplied For ot Applicable
Zip	Zip Country		Zip	Country		5. Certificate of Status Desired	×	\$5.00 Add Fee Require	
	6. Name	and Address of Current	Registered Agent			7. Name and Address of New R	egistered	Agent	
CRAMER,	CHARLES	sw ·			Name	·			
1411 EDG SUITE 200	EWATER			Street Address ()		
ORLANDO		04 "							
					City FL Zip Code				
the obligat	named entity tions of regist		the purpose of changing its	registere	ed office or register	ed agent, or both, in the State of Flo	rida. Lan	n familiar with,	and accept
SIGNATURE	Signature, typed	for printed name of registered agent a	and title if applicable. (NOTE	: Registere	d Agent signature required	I when reinstating)	DATE		
	,								
FILE After May	E NOW!!! y 1, 2008	FEE IS \$138.75 Fee will be \$538.75				Florida	Departi	payable to nent of Stat	
After May	y 1, 2008	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBE	RS/MANAGERS	10.	······	Florida	Departi	nent of Stat S	
After May 9.	y 1, 2008 MGRM	Fee will be \$538.75 MANAGING MEMBE		TITLE		Florida	Departi	ment of Stat	
After May	MGRM MASRI, A	Fee will be \$538.75 MANAGING MEMBE	RS/MANAGERS	TITLE NAM		Florida	Departi	nent of Stat S	
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Thereby 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 eath; 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:	addyman	/ Addam M	Nosri	3	17	8005	407-88	6-9118
	PED OR PRINTED NAME OF SIGNING MANAGING MEMBI	MANAGER, OR AUTHORIZED REPR	ESENTATIVE	Date		Daytime	Phone #	i