

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2006 8:00 am
Secretary of State

05-19-2006 90168 022 ****50.00

DOCUMENT # L05000119066 1. Entity Name COMPADRES ENTERPRISES, LLC					
Principal Place of Business 5151 S.W. 70TH AVENUE DAVIE, FL 33314			Mailing Address 5151 S.W. 70TH AVENUE DAVIE, FL 33314		
2. Principal Place of Business 5151 S.W. 70 Ave Suite, Apt. #, etc.		3. Mailing Address 5151 S.W. 70 Ave Suite, Apt. #, etc.			
City & State DAVIE, FL		City & State DAVIE, FL		4. FEI Number 20-3981634	
Zip 33314		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DURKO, JESSE 5151 S.W. 70TH AVENUE DAVIE, FL 33314			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 registering.) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	Registered Agent Jesse Durko 5151 SW 70 Ave DAVIE, FL 33314	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	MANAGING MEMBER Robert MacKILLIGAN 5151 SW 70 Ave DAVIE, FL 33314	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 606, Florida Statutes.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 5-1-06 Daytime Phone # 9547922297		
JESSE D. DURKO					

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