2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000119066

1. Entity Name

COMPADRES ENTERPRISES, LLC



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

5151 S.W. 70TH AVENUE DAVIE, FL 33314

Mailing Address

5151 S.W. 70TH AVENUE DAVIE, FL 33314



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3981634 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DURKO, JESSE 5151 S.W. 70TH AVENUE DAVIE, FL 33314

SIGNATURE:

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		
Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA DURKO, JESSE 5151 SW 70TH AVENUE DAVIE, FL 33314	 U00000744098 05/15/07-80133-022 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACKILLIGAN, ROBERT 5151 SW 70TH AVENUE DAVIE, FL 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-S1-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,
NAME STREET ADDRESS 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 608, Florida Statutes.