



**2008 LIMITED LIABILITY COMPANY
ANNUAL-REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000119066 1. Entity Name COMPADRES ENTERPRISES, LLC	
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Principal Place of Business 5151 S.W. 70TH AVENUE DAVIE, FL 33314	Mailing Address 5151 S.W. 70TH AVENUE DAVIE, FL 33314
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DO NOT WRITE IN THIS SPACE



01072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3981634	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

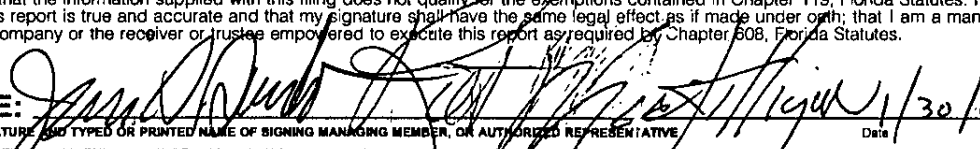
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA DURKO, JESSE 5151 SW 70TH AVENUE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACKILLIGAN, ROBERT 5151 SW 70TH AVENUE DAVIE, FL 33314
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02/19/08-80026-022 138.75

**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:  **1/30/08 954 792-2297**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #