2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

DOCUMENT # L06000049382 1. Entity Name TOKE ENTERPRISES, LLC							1 y 01 Sta 0042 024 ***138.	
Principal Place of Business Mailing Address 515 LEFFING WELL AVE P.O. BOX 19319 #111 SARASOTA, FL 34276 ELLENTON, FL 34222						-	BENN BON DIVIN HOLG WOR IS IN	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.					04292008	Chg-LLC	CR2E083 (12/06)
City & State	City & State				4. FEI Numb 20-486			opplied For lot Applicable
Zip Country	Zip	Country			5. Certificate	e of Status Desired	□ \$5.00 Ac Fee Requir	
6. Name and Address of Current Registered Agent			Name		7. Name an	d Address of New	Registered Agent	
TRACY, CATHERINE L 2058 CONSTITUTION BLVD SARASOTA, FL 34231				Address (P.O. Box Numb	oer is Not Acceptal	ble)	·····
			City		<u>-</u>		FL Zp Co	de
The above named entity submits this statement to	r the purpose of changing its	register	ed office o	r register	ed agent, or bo	oth, in the State of I		, and accept
the obligations of registered agent. SIGNATURE								
Signature, typed or printed name of registered agent	and this it applicable. [NOT]	E. Registere	d Agent signa	ture required	when reinstaling)		DATE	
FILE NOW!!! FRE IS \$138.75 After May 1, 2008 Fee will be \$538.75	•.						ike check payable to da Department of Sta	te
9. MANAGING MEMBE		10.		·····		ADDITION	S/CHANGES	
ITILE MGRM NAME HANWAY, THOMAS D STREET ADDRESS 515 LEFFING WELL AVE #111 CITY-ST-ZIP ELLENTON, FL 34222	☐ Detets						Change	☐ Addition
TITLE MGR NAME HANVAY, KENNETH F STREET ADDRESS 1902 ISLAND DR	☐ Celete	THE NAME STREET		MGR HAND	JAY, KEN	NETH F. Eld Anch, Co	⊠ Change	Addition
CITY-ST-ZIP MONROE, LA 71201				High	LAND R	ANCH. CO	80124	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	1					,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				~		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP	□ Celtate					_	☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	City-	T ADORESS ST-ZIP				☐ Changa	Addition A
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 spectrate and that my signature shall have the same legal effect as if made under certify that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 609, Florida Statutes. SIGNATURE: SIGNATURE: SIGNATURE: Description of this 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 as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trusted empowered to execute this report as required by Chapter 609, Florida Statutes.								