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Sep 12, 2007 8:00 am
Secretary of State
09-12-2007 90040 044 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT ✓

DOCUMENT # L06000050372

1. Entity Name
ENTERPRISES L.D. LLC

60055932

Principal Place of Business	Mailing Address
PO BOX 604 PALM BEACH, FL 33480	PO BOX 604 PALM BEACH, FL 33480

07312007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
523 Avon Rd.	
Suite, Apt. #, etc. c/o S. Kumpe	Suite, Apt. #, etc.
City & State West Palm Beach	City & State
Zip 33401 Country Fl.	Zip Country

4. FEI Number 20-5556591 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KUMPE, SIGRID
523 AVON RD
WEST PALM BEACH, FL 33401

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. NO

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOMB, LAURE PO BOX 604 PALM BEACH, FL 33480 ✓	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: L Domb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Laure DOMB MGRM.

Date July 31, 2007

Daytime Phone # 561-655 0118