## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

## **FILED** Apr 30, 2008 08:00 AM DOCUMENT # L06000065711 Secretary of State 1. Entity Name TO ENTERPRISES, LLC Principal Place of Business Mailing Address PO BOX 600273 PO BOX 600273 NORTH MIAMI BEACH, FL 33160 NORTH MIAMI BEACH, FL 33160 01162008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5145360 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUARTIANO, TOM DO NOT WRITE 710 N E 82 TERRACE MIAMI, FL 33138 IN THIS SPACE 6. 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) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS TITLE MGR QUARTIANO, THOMAS NAME PO BOX 600273 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE:

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 thistee impowered to execute this report as required by Chapter 608, Florida Statutes.