

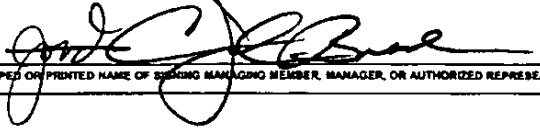


FILED
May 24, 2007 8:00 am
Secretary of State

04-30-2007 90055 039 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000066915			
1. Entity Name ENTERPRISE COMMERCE PARK, LLC			
Principal Place of Business 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655		Mailing Address 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655	
2. Principal Place of Business - No P.O. Box # 9400 RIVER CROSSING BLVD Suite, Apt. #, etc. SUITE 104 City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		4. FEI Number 20-5145896 Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRASHER, C. JOHN 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8020 OLD CR 54 NEW PORT RICHEY, FL 34653-6409 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. SIGNATURE  DATE 4/25/07 (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRASHER PROPERTIES, INC. 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8020 OLD CR 54 NEW PORT RICHEY, FL 34653-6409
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		4/25/07 727-375-7775	
SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	