


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90265 009 ***138.75

DOCUMENT # L06000066915	
1. Entity Name ENTERPRISE COMMERCE PARK, LLC	

Principal Place of Business 9400 RIVER CROSSING BLVD. SUITE 104 NEW PORT RICHEY, FL 34655	Mailing Address 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 2108
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State ELFERS FL
Zip	Country USA



01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5145896	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 BRASHER, JOHN C 8020 OLD CR54 NEW PORT RICHEY, FL 34653-6409	
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRASHER PROPERTIES, INC. 8020 OLD CR 54 NEW PORT RICHEY, FL 346536409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #