

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073211

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: KOSSOW ENTERPRISES, LLC

**Current Principal Place of Business:**

98 W. BROADWAY  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

1293 SR 426  
129  
OVIEDO, FL 32765 US

**Current Mailing Address:**

98 W. BROADWAY  
OVIEDO, FL 32765 US

**New Mailing Address:**

4250 ALAFAYA TR  
212-343  
OVIEDO, FL 32765 US

FEI Number: 20-5615928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD.  
SUITE 101  
TALLAHASSEE, FL 323012960 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KOSSOW, ROBIN E  
Address: 98 W. BROADWAY  
City-St-Zip: OVIEDO, FL 32765 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: KOSSOW, ROBIN E  
Address: 4250 ALAFAYA TRAIL 212-343  
City-St-Zip: OVIEDO, FL 32765 US

Title: VP ( ) Change (X) Addition  
Name: GORDON, JENNIFER K  
Address: 4250 ALAFAYA TR 212-343  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBIN KOSSOW

P

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date