

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073211

FILED
Apr 28, 2008
Secretary of State

Entity Name: KOSSOW ENTERPRISES, LLC

Current Principal Place of Business:

1293 SR 426
129
OVIEDO, FL 32765 US

New Principal Place of Business:

2335 WINDING COVE
OVIEDO, FL 32765 US

Current Mailing Address:

4250 ALAFAYA TR
212-343
OVIEDO, FL 32765 US

New Mailing Address:

2335 WINDING COVE
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: P () Delete
Name: KOSSOW, ROBIN E
Address: 4250 ALAFAYA TRAIL 212-343
City-St-Zip: OVIEDO, FL 32765 US

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

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () 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: JENNIFER K GORDON

MGR

04/28/2008

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