


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L06000079373 1. Entry Name 27 ENTERPRISE DRIVE, LLC	
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Principal Place of Business ATRIUM SUITE 1 FLORIDA PARK DRIVE SOUTH PALM COAST, FL 32137	Mailing Address ATRIUM SUITE 1 FLORIDA PARK DRIVE SOUTH PALM COAST, FL 32137
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01312008No Chg-LLC CR2E083 (12/07)

4. FEI Number 43-2109665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

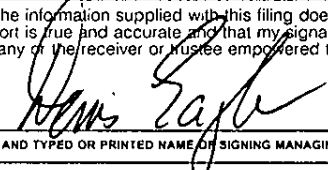
6. Name and Address of Current Registered Agent KISS, M. SEAN ATRIUM SUITE 1 FLORIDA PARK DRIVE SOUTH PALM COAST, FL 32137
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE: _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</p> <p style="text-align: right;">03/13/08-80027-003 138.75</p>	

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EAGLE, DENIS 7 PENN PLAZA, SUITE 820 NEW YORK, NY 1001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIEGEL, DAVID 7 PENN PLAZA, SUITE 820 NEW YORK, NY 1001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUTKOWITZ, LEONARD 7 PENN PLAZA, SUITE 820 NEW YORK, NY 1001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DENIS EAGLE	Date: 2/1/08 Daytime Phone #: 212-714-2718
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	