


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90066 037 ****50.00

DOCUMENT # L06000084774					
1. Entity Name ENTREES TO GO, LLC					
Principal Place of Business 19972 LOCHMOOR HARPER WOODS, MI 48225			Mailing Address 19972 LOCHMOOR HARPER WOODS, MI 48225		
2. Principal Place of Business - No P.O. Box # 100 Plaza Real South Suite, Apt. #, etc. <u>Suite H</u> City & State <u>Boca Raton, FL</u> Zip <u>33432</u> Country <u>Palm Beach</u>		3. Mailing Address 100 Plaza Real South Suite, Apt. #, etc. <u>Suite H</u> City & State <u>Boca Raton, FL</u> Zip <u>33432</u> Country <u>Palm Beach</u>		08292007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <u>41 2213065</u>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BAHR, MATTHEW D 550 NW 45TH WAY DELRAY BEACH, FL 33403			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 _____					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAHR, MATTHEW D 19972 LOCHMOOR HARPER WOODS, MI 48225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bahr, Matthew D 5210 Masorca club dr Boca Raton, FL, 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAHR, JACLYN J 19972 LOCHMOOR HARPER WOODS, MI 48225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bahr, Jaclyn, J 5210 Masorca club dr Boca Raton, FL 33486	
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	
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	
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	
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: <u>Matthew Bahr</u>			Date <u>8/27/07</u> Daytime Phone # <u>561-758-1212</u>		