


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-31-2008 90265 008 \*\*\*138.75

DOCUMENT # L06000091606			
1. Entity Name 41 ENTERPRISE, LLC			
Principal Place of Business 9400 RIVER CROSSING BLVD STE 104 NEW PORT RICHEY, FL 34655		Mailing Address 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>P.O. Box 2108</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>ELFERS FL</i>	
Zip	Country	Zip <i>34680</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUDSON, JOHN E 9400 RIVER CROSSING BLVD STE 104 NEW PORT RICHEY, FL 34655		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUDSON, JOHN E TRUSTEE 9400 RIVER CROSSING BLVD STE 104 NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5568448** Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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 #