


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # L06000111896                 |  |
| 1. Entity Name<br>ITEN ENTERPRISES, LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>413 NE VAN LOON LANE<br>SUITE 113<br>CAPE CORAL, FL 33909 US | Mailing Address<br>413 NE VAN LOON LANE<br>SUITE 113<br>CAPE CORAL, FL 33909 US |
|---|---|



03142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>20-5910411                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>ITEN, LARREN L<br>413 NE VAN LOON LANE<br>SUITE 113<br>CAPE CORAL, FL 33909 |
|--|

**DO NOT WRITE IN THIS SPACE**

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: 3-19-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000869998  
04/09/08-80073-004 138.75

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ITEN, LARREN L<br>413 NE VAN LOON LANE, SUITE 113<br>CAPE CORAL, FL 33909 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ITEN, BONNIE J<br>413 NE VAN LOON LANE, SUITE 113<br>CAPE CORAL, FL 33909 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

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: Bonnie J. Iten DATE: 3-19-08 DAYTIME PHONE #: 239-671-7058  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE