

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117516

Entity Name: T & D ENTERPRISE, LLC

FILED
Apr 16, 2007
Secretary of State

Current Principal Place of Business:

3984 SW KAKOPO STREET
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

3984 SW KAKOPO STREET
PORT SAINT LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 20-8212897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, THOMAS
3984 SW KAKOPO STREET
PORT SAINT LUCIE, FL 34953 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: MGRM () Delete
Name: KING, THOMAS
Address: 3984 SW KAKOPO STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: MGRM () Delete
Name: BOVIN, DOMINIC
Address: 145 MULBERRY GROVE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: MGRM (X) Delete
Name: KING, ERIN
Address: 3984 SW KAKOPO STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: KING, ERIN M
Address: 3984 SW KAKOPO STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ERIN M KING

MGRM

04/16/2007

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