2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000117549

1. Entity Name
T.O. ENTERPRISES, LLC

Principal Place of Business	Mailing Address
220 NE FIRST STREET DELRAY BEACH, FL 33444	220 NE FIRST STREET DELRAY BEACH, FL 33444

60014971

02062007   Chg-LLC   CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 255 N.E. 2nd Ave.		
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB 315		
City & State	City & State Delray Beach, FL	4. FEI Number	Applied For / Not Applicable
Zip	Country	Zip 33444	Country USA

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ONNEN, TIM D 220 NE FIRST STREET DELRAY BEACH, FL 33444	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00 **Due by May 1, 2007**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME ONNEN, TIM D STREET ADDRESS 220 NE FIRST STREET CITY-ST-ZIP DELRAY BEACH, FL 33444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date 2/8/07   (561) 278-8362

Tim D. Onnen