

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003603

FILED
Feb 25, 2008
Secretary of State

Entity Name: ENTERPRISE FLORIDA COMMUNITY DEVELOPMENT ENTITY, LLC

Current Principal Place of Business:

800 NORTH MAGNOLIA AVENUE, SUITE 1100
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

800 NORTH MAGNOLIA AVENUE, SUITE 1100
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 20-8214483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE, SUITE 1400
ORLANDO, FL 32801 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: D () Change (X) Addition
Name: ENTERPRISE FLORIDA,, INC.
Address: 800 N MAGNOLIA AVENUE, SUITE 1100
City-St-Zip: ORLANDO, FL 32803

Title: V () Change (X) Addition
Name: LAUBSCHER, LOUIS
Address: 800 N MAGNOLIA AVENUE, SUITE 1100
City-St-Zip: ORLANDO, FL 32803

Title: V () Change (X) Addition
Name: MURPHY, PAMELA
Address: 800 N MAGNOLIA AVENUE, SUITE 1100
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify 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: PAMELA MURPHY

V

02/25/2008

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