2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000073647

Entity Name: DAVE MEMON ENTEPRISES LLC

Current Principal Place of Business:

4515 S. US HWY 1
FT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

4515 S. US HWY 1
FT PIERCE, FL 34982

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEMON, DAVID A
2835 SE SAINT LUCIE BLVD
STUART, FL 34997 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: MEMON, DAVID A
Address: 2835 SE SAINT LUCIE BLVD
City-St-Zip: STUART, FL 34997 Q

Title: MGR ( ) Delete
Name: MEMON, MUHAMMED Y
Address: 2400 HARBOR BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR ( ) Delete
Name: MEMON, TANWEER
Address: 2091 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES:

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

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

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

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: DAVID A MEMON MGR 04/30/2008

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