2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # 1. Entity Name M06000001227
GARFIELD ENTERPRISES, L.L.C.

Principal Place of Business Mailing
875 W INDIANTOWN RD
SUITE 103
JUPITER, FLORIDA
33458

CR2E083 (12/06) Chg-LLC
(M06000001227C) 08012008

FILED
08 AUG -1 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business -No P.O. Box #
875 W INDIANTOWN RD

Suite, Apt. # or Bldg.
SUITE 103

City & State
JUPITER, FLORIDA

City & State

4. FEI Number 51-0524623 | Applied For | Not Applicable

Zip
33458

Country
USA

Zip

Country

6. Certificate of Status Desired $5.00 Additional Fee Required

5. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH, LTD., INC. 515 EAST PARK AVE. TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
Name

Street Address (P.O. Box Number is Not Acceptable)

City FL

Zip Code

9. 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 the date signature. NOTE: Registered Agent signature required when resigning DATE

FILE NOW!! FEE IS $538.75 Due by September 12, 2008

Make check payable to Florida Department of State

8. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
	MGRM ROTHSCHILD, ALLAN B 1 HOCKANUM ROAD MELVILLE, NY 11747
	Delete
	Delete
	Delete
	Delete
	Delete

10. ADDITIONS / CHARGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
	MGRM WARD WELKE 875 W INDIANTOWN RD SUITE 103 JUPITER, FLORIDA 33458
	Change Addition
	Change Addition
	Change Addition
	Change Addition
	Change Addition

300134017213
08/06/08--01009--008 **538.75

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 MGRMR MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Ward Welke, Authorized Representative