


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000014448 1. Entity Name ENERLAT, LLC	
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FILED
 07 APR 23 PM 4: 20
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 2800 GLADES CIRCLE SUITE # 153 WESTON, FL 33327	Mailing Address 2800 GLADES CIRCLE SUITE # 153 WESTON, FL 33327
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country



01222007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent CORPORATE PROCESS SERVICE 2300 CORAL WAY SUITE 200 MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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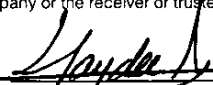
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ZIGHELBOIM, MOISES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3288 HUNTINGTON	NAME	500099193995
STREET ADDRESS	WESTON, FL 33332	STREET ADDRESS	04/27/07--01002--015 **55.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PABON, HAYDEE A	NAME	
STREET ADDRESS	19430 STONEBROOK STREET	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33332	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE: 4/11/07 DAYTIME PHONE #: (305) 856-0056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

HAYDEE A. PABON, MGRM