

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069258

Entity Name: ENM ENTERPRISES LLC

FILED
May 11, 2006
Secretary of State

Current Principal Place of Business:

1042 37TH ST
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1042 37TH ST
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 34-2018508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

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: MGR () Delete
Name: MARQUEZ, EMMA R
Address: 1042 37TH ST
City-St-Zip: ORLANDO, FL 32805

Title: ST () Delete
Name: MARQUEZ, EMMA R
Address: 1042 37TH ST
City-St-Zip: ORLANDO, FL 32805

Title: MGR () Delete
Name: MARQUEZ, NEFTALI
Address: 1042 37TH ST
City-St-Zip: ORLANDO, FL 32805

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 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: EMMA R MARQUEZ

MGR

05/11/2006

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