2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096327

Entity Name: ENTA INVESTMENTS II LLC

STEINIGER, JOSEPH MD

CLEARWATER, FL 33756 US

1330 SOUTH FORT HARRISON AVE

Name:

Address:

City-St-Zip:

FILED Feb 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1330 SOUTH FORT HARRISON AVENUE CLEARWATER, FL 33756 **Current Mailing Address: New Mailing Address:** 1330 SOUTH FORT HARRISON AVENUE CLEARWATER, FL 33756 FEI Number: 20-5664657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CANTU, DAVID O 25400 ÚS HIGHWAY 19 NORTH SUITE 116 CLEARWATER, FL 33763 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete ALIDINA, ARIF MD Name: Name: 1330 SOUTH FORT HARRISON AVE Address: Address: City-St-Zip: CLEARWATER, FL 33756 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition ANTHONY, STEVEN MD Name: Name: Address: 1330 SOUTH FORT HARRISON AVE Address: City-St-Zip: CLEARWATER, FL 33756 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition JAMES, BARNA Name: Name: 1330 SOUTH FORT HARRISON AVE Address: Address: City-St-Zip: CLEARWATER, FL 33756 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: COHEN, LANCE MD Name: 1330 SOUTH FORT HARRISON AVE Address: Address: City-St-Zip: CLEARWATER, FL 33756 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition MILLER, MITCHEL MD Name: Name: 1330 SOUTH FORT HARRISON AVE Address: Address: City-St-Zip: CLEARWATER, FL 33756 US City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL FRANKS ENTA 02/24/2009