


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90037 030 ****50.00

DOCUMENT # L00000008900	
1. Entity Name ESTORIL BOOKS ENTERPRISES, LLC	

Principal Place of Business 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118	Mailing Address 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118
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2. Principal Place of Business - No P.O. Box # <i>45 Seton Trail</i>	3. Mailing Address <i>45 Seton Trail</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Ormond Beach FL</i>	City & State <i>Ormond Beach FL</i>
Zip <i>32176</i>	Zip <i>32176</i>
Country	Country



03052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3631888	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KANJEE, MOHAN 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118	7. Name and Address of New Registered Agent Name <i>Kanje, Mohan</i> Street Address (P.O. Box numbers not acceptable) <i>45 Seton Trail</i> City <i>Ormond Beach</i> FL Zip Code <i>32176</i>
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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 *Mohan Kanjee* DATE *3-21-07*
(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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM KANJEE, MOHAN 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kanje, Mohan 45 Seton Trail Ormond Beach, FL 32176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Mohan Kanjee* DATE *3-21-07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE