

# 2002 UNIFORM BUSINESS REPORT (UBR)

09-22-2002 90067 036 \*\*\*\*\*50.00  
L01000011078

DOCUMENT # L01000011078

1. Entity Name  
**EN INVESTMENTS, L.L.C.**

**FILED**

02 OCT -7 PM 5:01

SECRETARY OF STATE  
TALLAHASSEE 9.8.02 104 4



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**PO BOX 1421  
DESTIN FL 32540**

Mailing Address  
**PO BOX 1421  
DESTIN FL 32540**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **26-0033590**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MATTHEWS, DANA C ESQ.  
MATTHEWS & HAWKINS/P.A.  
607 HIGHWAY 98 EAST  
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name **W. Earl Richards**  
Street Address (P.O. Box Number is Not Acceptable)  
**630 Gulf Shore Drive**  
City **Destin** FL Zip Code **32541**

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-7-02

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**  
NAME **RICHARDS, W. EARL**  
STREET ADDRESS **P.O. BOX 1421**  
CITY-ST-ZIP **DESTIN FL 32540**  
☐ Delete

TITLE **MGR**  
NAME **DAVIS, NELSON P JR**  
STREET ADDRESS **1234 AIRPORT ROAD, SUITE 127**  
CITY-ST-ZIP **DESTIN FL 32541**  
☒ Delete

TITLE **MGR**  
NAME **KEN POIK**  
STREET ADDRESS **2140 11TH AVE SOUTH, SUITE 400**  
CITY-ST-ZIP **Birmingham AL 35205**  
☐ Delete

TITLE **MGR**  
NAME **HARRY ADERHOLT**  
STREET ADDRESS **P.O. BOX 1421**  
CITY-ST-ZIP **DESTIN FL 32540**  
☐ Delete

TITLE **MGR**  
NAME **Richard second**  
STREET ADDRESS **P.O. BOX 1421**  
CITY-ST-ZIP **DESTIN FL 32540**  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/02)