

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000018154

Entity Name: ENIX & ASSOCIATES, LLC

**FILED**  
**Jan 11, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

P.O. BOX 867  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 867  
TAVARES, FL 32778

**New Mailing Address:**

FEI Number: 29-1586790

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SCHULTE, TIMOTHY  
315 E. ROBINSON STREET  
SUITE 600  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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: ENIX, DAVID A MGR  
Address: P.O. BOX 867  
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES:**

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: DAVID A. ENIX

MGR

01/11/2006

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