

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008363

FILED
Apr 30, 2004
Secretary of State

Entity Name: ENHANCED CAPITAL, LLC

Current Principal Place of Business:

10550 DEERWOOD PARK BLVD., SUITE 600
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10550 DEERWOOD PARK BLVD., SUITE 600
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 04-3657678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILAM & HOWARD, P.A.
50 NORTH LAURA STREET, SUITE 2900
JACKSONVILLE, FL 32202 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/MEMBERS:

Title: MGRM () Delete
Name: THOMPSON, MARK
Address: 10550 DEERWOOD PK BLVD STE 600
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: MOQUIN, KIRK
Address: 10550 DEERWOOD PK BLVD STE 600
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: SCHANCK, JOHN
Address: 10550 DEERWOOD PK BLVD STE 600
City-St-Zip: JACKSONVILLE, FL 32256

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 Section 119.07(3)(i), 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: MARK THOMPSON

MGRM

04/30/2004

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