

FILED
Mar 14, 2003 8:00 am
Secretary of State

02-25-2003 90082 006 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

2/25/2003-90082-006-\$50.00-\$50.00

DOCUMENT # L02000013641

1. Entity Name
ENR REALTY, L.L.C.



55016344

Principal Place of Business
**195 CENTER ISLAND DRIVE
 GOLDEN BEACH FL 33160**

Mailing Address
**495 CENTER ISLAND DRIVE
 GOLDEN BEACH FL 33160**

2. Principal Place of Business

3. Mailing Address



CHECK HERE IF MAKING CHANGES

4. Surety Agent, etc.

5. Surety Agent, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FFL Number
201-0723890

7. Applied For:
 Not Applicable

8. Certificate of Status Desired

\$5.00 Additional Fee Required

9. Name and Address of Current Registered Agent

**SHAPIRO, IRA R
 16375 NE 18TH AVE., SUITE 225
 N MIAMI BEACH FL 33182**

10. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

FL Zip Code

11. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

MANAGING MEMBERS / MANAGERS

ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	EDUARDO NAKHAMKIN	495 Center Island	Golden Beach, FL 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	SVELANA NAKHAMKIN	495 Center Island	Golden Beach, FL 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I, the undersigned, certify that the information provided in 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 606, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED
2-2-03 305931-6828

CREATED HERE