

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017336

Entity Name: SL ENTERPRISES, LLC

FILED  
Apr 13, 2005  
Secretary of State

## Current Principal Place of Business:

222 SOUTH US HWY ONE, STE 209  
JUPITER, FL 33469

## New Principal Place of Business:

222 SOUTH US HWY ONE, STE 209  
TEQUESTA, FL 33469

## Current Mailing Address:

222 SOUTH U.S. HIGHWAY ONE, SUITE 209  
TEQUESTA, FL 33469

## New Mailing Address:

FEI Number: 52-2370801

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HALL, JAMES W  
222 S. US HWY ONE #209  
TEQUESTA, FL 33469 US

## Name and Address of New Registered Agent:

BELLINGER, RICHARD P  
222 S. US HWY ONE #209  
TEQUESTA, FL 33469 US

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: RICHARD P. BELLINGER

04/13/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: BELLINGER, RICHARD P  
Address: 222 S. US HWY ONE #209  
City-St-Zip: TEQUESTA, FL 33469

Title: MGR (X) Delete  
Name: HALL, JAMES W  
Address: 222 S. U.S. HWY ONE #209  
City-St-Zip: TEQUESTA, FL 33469

## ADDITIONS/CHANGES:

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: RICHARD P. BELLINGER

MGR

04/13/2005

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