


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000022292</b> 1. Entity Name <b>ENCHANTED GARDENS BY BARBARA, LLC</b>	
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Principal Place of Business <b>2264 HERON CIRCLE CLEARWATER, FL 33762</b>	Mailing Address <b>2264 HERON CIRCLE CLEARWATER, FL 33762</b>
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**DO NOT WRITE IN THIS SPACE**



04012004No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>61-1421439</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

8. Name and Address of Current Registered Agent  <b>KALMIN, BARBARA 2264 HERON CIRCLE CLEARWATER, FL 33762</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000104909  
04/07/04-80003-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KALMIN, BARBARA 2264 HERON CIRCLE CLEARWATER, FL 33762
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11. 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:** Barbara Kalmin 4/4/04 727-572-7553  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #