## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000029155

1. Entity Name ENDURING ENTERPRISES, LLC



Principal Place of Business

165367THLANENORTH,#401 ST.PETERSBURG.FL33710 Mailing Address

165367THLANENORTH,#401 ST.PETERSBURG.FL33710

## FILED Apr 28, 2006 8:00 am Secretary of State

04-28-2006 90013 037 \*\*\*\*50.00

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04032006 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number	Applied For
	65-1162744	 Not Applicable
5.	Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HURWITZ, MICHAEL J 1653 67TH LANE NORTH, #401 ST. PETERSBURG, FL 33710

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

4-25-06

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.	Signature, typed of printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when	n reinstating)	DATE			
Filing Fee is \$50.00 Due by May 1, 2006							
9.	MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HURWITZ, MICHAEL J 1653 67TH LANE NORTH, #401 ST. PETERSBURG, FL 33710			:			
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT W	RITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SP	ACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.							

MANAGER

TED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE