

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013726

FILED
Jan 19, 2007
Secretary of State

Entity Name: ENTA INVESTMENTS LLC

Current Principal Place of Business:

1330 SOUTH FORT HARRISON AVE.
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1330 SOUTH FORT HARRISON AVE.
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 20-0074658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANTU, DAVID O
25400 US 19 NORTH
SUITE 116
CLEARWATER, FL 33763 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/MANAGERS:

Title: MGR () Delete
Name: ALIDINA, ARIF A MD
Address: 1330 SOUTH FORT HARRISON AVE
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGR () Delete
Name: ANTHONY, STEVEN L DO
Address: 1330 SOUTH FORT HARRISON AVE
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGR () Delete
Name: BARNA, JAMES S MD
Address: 1330 SOUTH FORT HARRISON AVE
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGR () Delete
Name: COHEN, LANCE M MD
Address: 1330 SOUTH FORT HARRISON AVE
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGR () Delete
Name: MILLER, MICHELL B MD
Address: 1330 SOUTH FORT HARRISON AVE
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGR () Delete
Name: STEINIGER, JOSEPH R MD
Address: 1330 SOUTH FORT HARRISON AVE
City-St-Zip: CLEARWATER, FL 33756 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
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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 Chapter 119, 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: LANCE M COHEN MD

MGR

01/19/2007

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