

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010749

Entity Name: ENDEAVORS, LLC

FILED
Feb 14, 2006
Secretary of State

Current Principal Place of Business:

217 LAKE BREEZE CIRCLE
LAKE MARY, FL 32746

New Principal Place of Business:

849 WOOD BRIAR LOOP
SANFORD, FL 32771

Current Mailing Address:

217 LAKE BREEZE CIRCLE
LAKE MARY, FL 32746

New Mailing Address:

849 WOOD BRIAR LOOP
SANFORD, FL 32771

FEI Number: 20-0656666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUAZO, JONATHAN M
217 LAKE BREEZE CIRCLE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

DUAZO, JONATHAN M
849 WOOD BRIAR LOOP
SANFORD, FL 32771 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:

02/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DUAZO, JONATHAN M
Address: 217 LAKE BREEZE CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Delete
Name: DUAZO, ELIZABETH P
Address: 217 LAKE BREEZE CIRCLE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DUAZO, JONATHAN M
Address: 849 WOOD BRIAR LOOP
City-St-Zip: SANFORD, FL 32771

Title: MGRM (X) Change () Addition
Name: DUAZO, ELIZABETH P
Address: 849 WOOD BRIAR LOOP
City-St-Zip: SANFORD, FL 32771

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: JONATHAN M. DUAZO

MGR

02/14/2006

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