
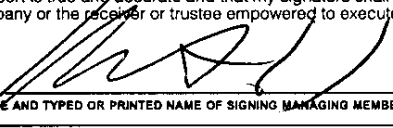


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90189 033 ****50.00

DOCUMENT # L04000026758 1. Entity Name N5276U ENTERPRISE LLC					
Principal Place of Business 621 LAKEVIEW ROAD SUITE C CLEARWATER, FL 33756			Mailing Address P. O. BOX 476 CLEARWATER, FL 33757		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 30-0241058 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03062007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent WINTERS, ELISE K 133 N. FT. HARRISON AVENUE CLEARWATER, FL 33755			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1006 DREW ST City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPETZ, ANDREW C 609 TURNER STREET CLEARWATER, FL 33756	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, PEGGY 160 BLUFF VIEW DRIVE BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE VOS, ROBERT P. O. BOX 476 CLEARWATER, FL 33756	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINTERS, ELISE K 609 TURNER ST CLEARWATER, FL 33756	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FITZGERALD, CHRISTINA M 670 ISLAND WAY #1005 CLEARWATER BEACH, FL 33767	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: 		ROBERT de VOS		3/6/07 727-446-2866	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	