
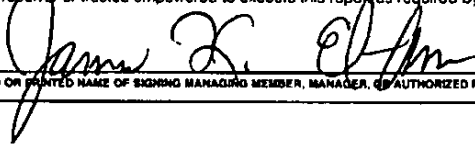


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jun 17, 2005 8:00 am
Secretary of State

06-08-2005 90211 011 ****55.00

DOCUMENT # L04000033795					
1. Entity Name ENHANCEMENT ENTERPRISE, LLC					
Principal Place of Business 11305 N. 51ST ST., #14F TAMPA, FL 33617			Mailing Address 11305 N. 51ST ST., #14F TAMPA, FL 33617		
2. Principal Place of Business 4818 E 99 Ave Suite, Apt. #, etc. Tampa, FL		3. Mailing Address 4818 E 99 Ave Suite, Apt. #, etc. Tampa, FL 33617			
City & State		City & State			
Zip 33617	Country H/115	Zip 33617	Country H/115		
4. FEI Number 05-1222928			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent EL' AMIN, JARVIS 11305 N. 51ST ST., #14F TAMPA, FL 33617			7. Name and Address of New Registered Agent Name: JARVIS K. EL-AMIN Street Address (P.O. Box Number is Not Acceptable): 4818 E 99 Ave City: Tampa, FL Zip Code: 33617		
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 relinquishing)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EL' AMIN, JARVIS 11305 N. 51ST ST., #14F TAMPA, FL 33617	<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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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: 			Date: 6-6-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					