

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040131

Entity Name: ENS WINGS, LLC

FILED
Jul 01, 2005
Secretary of State

Current Principal Place of Business:

PO BOX 149961
ORLANDO, FL 32814

New Principal Place of Business:

Current Mailing Address:

PO BOX 149961
ORLANDO, FL 32814

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COURTACCESS CENTERS OF AMERICA, INC.
3249 W CYPRESS ST, STE C
TAMPA, FL 33607 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, LAWRENCE
Address: PO BOX 149961
City-St-Zip: ORLANDO, FL 32814

Title: MGRM () Delete
Name: NAESSENS, WILLIAM
Address: PO BOX 149961
City-St-Zip: ORLANDO, FL 32814

Title: MGRM () Delete
Name: EVERETT, GEORGE
Address: PO BOX 149961
City-St-Zip: ORLANDO, FL 32814

ADDITIONS/CHANGES:

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

Title: () Change () Addition
Name:
Address:
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 Section 119.07(3)(i), 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: LAWRENCE SMITH

MGRM

07/01/2005

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