

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060061

Entity Name: ENJOLI, L.L.C.

FILED  
Apr 27, 2005  
Secretary of State

## Current Principal Place of Business:

265 SOUTH FEDERAL HWY  
DEERFIELD BEACH, FL 33441

## New Principal Place of Business:

265 SOUTH FEDERAL HWY  
SUITE 350  
DEERFIELD BEACH, FL 33441

## Current Mailing Address:

PMB#350/265 SOUTH FEDERAL HWY  
DEERFIELD BEACH, FL 33441

## New Mailing Address:

265 SOUTH FEDERAL HWY  
SUITE 350  
DEERFIELD BEACH, FL 33441

FEI Number: 20-1518285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAULNIER, SHELLY P  
265 SOUTH FEDERAL HWY  
DEERFIELD, FL 33441 US

## Name and Address of New Registered Agent:

SAULNIER, SHELLY P  
265 SOUTH FEDERAL HWY  
SUITE 350  
DEERFIELD, FL 33441 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: SHELLY SAULNIER

04/27/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: PU/YEN MANAGEMENT, I, NC.  
Address: 265 SOUTH FEDERAL HWY  
City-St-Zip: DEERFIELD BEACH, FL 33441

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PU/YEN MANAGEMENT, I, NC.  
Address: 265 SOUTH FEDERAL HWY, SUITE 350  
City-St-Zip: DEERFIELD BEACH, FL 33441

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: SHELLY SAULNIER

MGR

04/27/2005

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