


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90092 019 ****50.00

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|---------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # L04000064317 | |  |
| 1. Entity Name ENDOVEST, LLC | | |

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|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business 1325 SOUTH CONGRESS AVE STE. 211 BOYNTON BEACH, FL 33426 | Mailing Address 1325 SOUTH CONGRESS AVE STE. 211 BOYNTON BEACH, FL 33426 |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

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|--------------------------------|---------|---------------------------------------------------|-----------------------|
| 2. Principal Place of Business | | 3. Mailing Address <i>1422 SE Atlantic Ave</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State <i>Lantana FL</i> | |
| Zip | Country | Zip <i>33462</i> | Country <i>USA</i> |



07122005 Chg-LLC CR2E083 (10/03)

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|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number <i>20-2394143</i> | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent MENKHAUS, DAVID J 1900 GLADES ROAD STE. 401 BOCA RATON, FL 33431 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> 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 September 7, 2005 | Make check payable to Florida Department of State |
|---------------------------------------------------|------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>MGR James De Gerome 1422 SE Atlantic Ave Lantana, FL 33462</i> | <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 <i>MGR Carol Lee De Gerome 1422 SE Atlantic Ave Lantana, FL 33462</i> | <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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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: *James De Gerome* *7/14/05* *561-732-2900*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #