2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2005 8:00 am Secretary of State

1. Entity Name	MENT # L0400006 ERPRISES, LLC	9424				04-20-2005	90035 043 ***	*50.00
Principal Place 1504 ROSAD FORT MYERS,	A WAY	Mailing Address 1504 ROSADA WAY FORT MYERS, FL 339	901		1 1881)EN 311 91	iiki piaki apiii galik galik	, , , , , , , , , , , , , , , , , , ,	
2. Principal Pl	lace of Business NA	3. Mailing Address	NA	•				
Suite, Apt.		Suite, Apt. #, etc.	70 71		04142005	Chg-LLC	CR2E083 (10/03	3)
City & State	9	City & State	· · · · · ·		4. FEI Number	16693	⁄ 7 ⊢+	Applied For
Zip	Country	Country Zip Cou		у	5. Certificate of		\$5.00 A	dditional
	6. Name and Address of Curre	ent Registered Agent		=	7. Name and A	ddress of New Re	gistered Agent	
				Name	11	A		
	RTIN, DEBORAH		. -	Chant Address 4	/V /	in Net Appendicts		
1504 ROS/		, ,		Street Address (P.Q. Box Number	is Not Acceptable)	1	
FURINITE	ERS, FL 33901	:						
			ľ	City			FL Zip Co	ode
	named entity submits this statemen ions of registered agent.	at for the purpose of changing it	ts registere	d office or register	red agent, or both	, in the State of Flo	ida. I am familiar wit	h, and accept
SIGNATURE.	Signature, typed or printed name of registered ag	yent and title if applicable. (NO	TE: Registered	Agent signature required) when reinstating)		DATE	
Fi Di	iling Fee is \$50.00 ue by May 1, 2005						check payable to Department of St	
9.	ue by May 1, 2005		10.			Florida ADDITIONS/	Department of St	ate
9.	ue by May 1, 2005		TITLE	COLODE	ating M	Florida ADDITIONS/	Department of St	ate
9. TITLE NAME	ue by May 1, 2005	// // // // // // // // // // // // //	TITLE NAME	1 / / / / /	made	ADDITIONS/ WMAGER//	Department of St	e Addition
9. TITLE NAME STREET ADDRESS	ue by May 1, 2005	// // // // // // // // // // // // //	TITLE NAME STREE	T ADDRESS	made	Florida ADDITIONS/	Department of St	e Al Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ue by May 1, 2005	ABERS/MANAGERS	TITLE NAME STREE CITY-	1 / / / / /	made	ADDITIONS/ AMAGER/1	Department of St CHANGES Nallage (Change) Add See	e XI Addition Ares S a bove
9. TITLE NAME STREET ADDRESS	ue by May 1, 2005	// // // // // // // // // // // // //	TITLE NAME STREE	T ADDRESS ST-ZIP	made	ADDITIONS/ WMAGER//	Department of St CHANGES Nallage (Change) Add See	e XI Addition Ares S a bove
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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 path; 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: Reborah Lour-Martin	4/18/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #