

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074439

FILED
May 01, 2005
Secretary of State

Entity Name: EN VIE, LLC

Current Principal Place of Business:

2213 MAIN STREET
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

2213 MAIN STREET
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 20-1807786 FEI Number Applied For () FEI Number Not Applicable () 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:

KURT A. STREYFFELER, P.A.
1422 HENDRY STREET
SUITE 302
FORT MYERS, FL FL US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM () Delete
Name: EFMA INVESTMENTS, IN, C
Address: 25 HOMESTEAD ROAD, SUITE V
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: MGRM () Delete
Name: NEW URBANIZATIONS EN, TERPRISES, INC .
Address: 1422 HENDRY STREET, SUITE 304
City-St-Zip: FORT MYERS, FL 33901 US

Title: MGRM () Delete
Name: NVI, LLC,
Address: 2213 MAIN STREET
City-St-Zip: FORT MYERS, FL 33901 US

Title: MGRM () Delete
Name: NVO, LLC,
Address: 2213 MAIN STREET
City-St-Zip: FORT MYERS, FL 33901 US

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:

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: MICHAEL R. SULLIVAN

MGRM

05/01/2005

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