


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

04-10-2006 90042 031 ****50.00

DOCUMENT # L04000082911 1. Entity Name E & P ENTERPRISES, LLC	
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Principal Place of Business 53 EDENFIELD AVE. WATERTOWN, MA 02472	Mailing Address 53 EDENFIELD AVE. WATERTOWN, MA 02472
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30007378



DO NOT WRITE IN THIS SPACE

03092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2365761	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WILSON, MICHAEL M 10501 MURDOCK CIRCLE, SUITE 101 PORT CHARLOTTE, FL 33948

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IN THIS SPACE**

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  DATE _____
Signature, Name of primary name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEFABRITTIS, ELIO A 53 EDENFIELD AVE. WATERTOWN, MA 02472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEFABRITTIS, PASQUALE A 53 EDENFIELD AVE. WATERTOWN, MA 02472
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Elio De Fabritius
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Oaytime Phone # _____