2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # L05000000780** 04-24-2006 90066 048 ****50.00 ENHÂNCE YOUR ENDEAVOR LLC Principal Place of Business Mailing Address 400 N. SURF RD. 400 N. SURF RD. 401 401 HOLLYWOOD, FL 33319 HOLLYWOOD, FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022006 Chg-LLC CR2E083 (11/05) 4. FEI Number 2108598 City & State City & State Applied For Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLDER, JOIY R JR 1 Street Address (P.O. Box Number is Not Acceptable) 400 N. SURF RD. HOLLYWOOD, FL 33319 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when remistating) DATE Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOLDER, JOIY R JR NAME MARKE STREET ADDRESS 400 N, SURF RD.401 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33319 CITY-ST-ZIP MGR ☐ Change TITLE Delete TITLE ☐ Addition HOLDER, LINDA M STREET ADDRESS 400 N. SURF RD.401 STREET ADORESS CITY-ST-ZIP HOLLYWOOD, FL 33319 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP ☐ Delete Chance Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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. Daytime Phone