


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000003602 1. Entity Name ENTHALPY, LLC		
Principal Place of Business 1771 SW 21 TERRACE MIAMI, FL 33145	Mailing Address P.O. BOX 452242 MIAMI, FL 33245	



04062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0179331	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CREAGH, JUAN 1771 SW 21 TERRACE MIAMI, FL 33145

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-07

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CREAGH, JUAN 1771 SW 21 TERRACE MIAMI, FL 33145
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04/20/07-80035-009.55.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Juan Creagh

954/537 1309