2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000009923

1. Entity Name
PRIVATE ENCLAVE, LLC

Principal Place of Business	Mailing Address
3080 N BEACH ROAD ENGLEWOOD, FL 34223	40 PARKLANE MINNEAPOLIS, MN 55416

DO NOT WRITE IN THIS SPACE

01302007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
47-5503129		Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID A. DUNKIN, P.A.
170 WEST DEARBORN STREET
ENGLEWOOD, FL 34223

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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

Filing Fee is $50.00
Due by May 1, 2007

U00000622710
02/13/07-80036-021 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BOWEN, WILLIAM E IND.
STREET ADDRESS	40 PARK LANE
CITY-ST-ZIP	MINNEAPOLIS, MN 55416
TITLE	MGRM
NAME	CARLSON, IRENE A
STREET ADDRESS	2516 BURNHAM ROAD
CITY-ST-ZIP	MINNEAPOLIS, MN 55414
TITLE	MGRM
NAME	BOWEN, WILLIAM E TTEE
STREET ADDRESS	40 PARK LANE
CITY-ST-ZIP	MINNEAPOLIS, MN 55416
TITLE	MGRM
NAME	BOWEN, WILLIAM E TTEE
STREET ADDRESS	40 PARK LANE
CITY-ST-ZIP	MINNEAPOLIS, MN 55416
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _William E. Bowen_   _1-30-07_   _612-925-1775_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #