

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

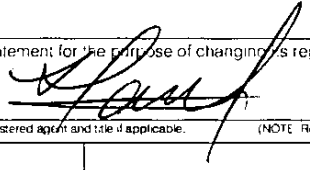
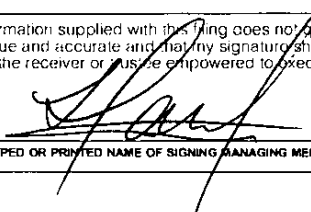
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Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90030 012 ****50.00

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04112007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000022220					
1. Entity Name ENCHANTED HOMES REALTY, LLC					
Principal Place of Business 1948 NE 123RD STREET SUITE #101 NORTH MIAMI, FL 33181			Mailing Address P.O. BOX 547005 SURFSIDE, FL 33154		
2. Principal Place of Business - No P.O. Box # 8859 GARLAND AVE			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State SURFSIDE, FL			City & State		
Zip 33154		Country USA		Zip	
				Country	
4. FEI Number 03-0556597			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent PAONESSA, LOURDES 1948 NE 123RD STREET SUITE #101 NORTH MIAMI, FL 33181			7. Name and Address of New Registered Agent Name: LOURDES PAONESSA Street Address (P.O. Box Number is Not Acceptable) 8859 GARLAND AVENUE City: SURFSIDE FL Zip Code: 33154		
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: 04/11/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAONESSA, LOURDES 1948 NE 123RD STREET, #101 NORTH MIAMI, FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAONESSA, LOURDES 8859 GARLAND AVE. SURFSIDE, FL 33154	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: 			04/11/07 305) 981 8400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		