2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90030 012 ****50.00

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1. Entity Name
ENCHANTED HOMES REALTY, LLC

40070065

04112007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
1948 NE 123RD STREET SUITE #101 NORTH MIAMI, FL 33181	P.O. BOX 547005 SURFSIDE, FL 33154

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
8859 GARLAND AV			
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: [signature] 04/11/07
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	PAONESSA, LOURDES		NAME	PAONESSA, LOURDES	
STREET ADDRESS	1948 NE 123RD STREET, #101		STREET ADDRESS	8859 GARLAND AVE.	
CITY-ST-ZIP	NORTH MIAMI, FL 33181		CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: [signature] 04/11/07 305) 981 8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #