2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030464

Entity Name: ENT COUNTRYSIDE, LLC

FILED Jan 16, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
1330 SOUTH FORT HARRISON AVE	1330 SOUTH FORT HARRISON AVE
CLEARWATER, FL 33756 US	CLEARWATER, FL 33756 US

Current Mailing Address: New Mailing Address:

1330 SOUTH FORT HARRISON AVE CLEARWATER, FL 33756 US

FEI Number: 20-2613957 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRANKS, MICHAEL 1330 SOUTH FORT HARRISON CLEARWATER, FL 33756 US PRATESI, EMIL 1253 PARK STREET CLEARWATER, FL 33756 US

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.

SIGNATURE: EMIL PRATESI 01/16/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Delete () Change (X) Addition ANTHONY, STEVEN Name: Name: Address: Address: 1330 SOUTH FORT HARRISON AVE City-St-Zip: City-St-Zip: CLEARWATER, FL 33756 US Title: Title: MGR () Delete () Change (X) Addition Name: Name: ALIDINA, ARIF Address: Address: 1330 SOUTH FORT HARRISON AVE City-St-Zip: City-St-Zip: CLEARWATER, FL 33756 US Title: () Delete Title: MGR () Change (X) Addition Name: BARNA, JAMES Name: 1330 SOUTH FORT HARRISON AVE Address: Address: City-St-Zip: City-St-Zip: CLEARWATER, FL 33756 US Title: () Delete Title: MGR () Change (X) Addition COHEN, LANCE Name: Name: 1330 SOUTH FORT HARRISON AVE Address: Address: City-St-Zip: City-St-Zip: CLEARWATER, FL 33756 US Title: () Delete Title: MGR () Change (X) Addition MILLER, MITCH Name: Name: 1330 SOUTH FORT HARRISON AVE Address: Address: CLEARWATER, FL 33756 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition STEINIGER, JOSEPH Name: Name: Address: Address: 1330 SOUTH FORT HARRISON AVE CLEARWATER, FL 33756 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LANCE COHEN MGR 01/16/2006