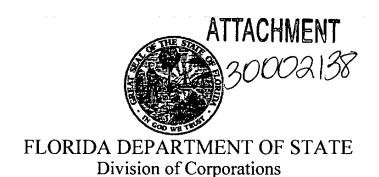
2006 LIMITED LIABILITY GOMPANY **ANNUAL REPORT (AR)**

Mar 10, 2006 8:00 am Secretary of State DOCUMENT # L05000042841 02-17-2006 90019 038 ****50.00 1. Entity Name **EDENFIELD ENTERPRISES, LLC** Principal Place of Business Mailing Address 607 E. SANDPIPER ROAD APOPKA FL 32712 607 E. SANDPIPER ROAD APOPKA FL 32712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 20-293 9008 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDENFIELD, NANCY S TRUSTEE Street Address (P.O. Box Number is Not Acceptable) 607 E. SANDPIPER ROAD APOPKA FL 32712 Zip Code FL 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. Niped or previed name of registered agent and side it appropries. (NOTE: Registered Agent signifiture required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Due By May 1: 2006 MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES ADDITIONS/CHANGES ALT MANAGING MEMBER Change RONALD H. EDENFIELD REVOCABLE Trust 607 E. Sandpiper Rd TITLE MGR Delete TITLE Addition NAME EDENFIELD, NANCY S TRUSTEE NAME STREET ADDRESS 607 E. SANDPIPER ROAD STREET ADDRESS CITY-ST-ZIP APOPKA FL 32712 CITY-ST-ZIP ApopKA CI 327/2 TITLE ☐ Delete nne ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE TITLE __ D Delete. Channe Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TILE Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-25P ☐ Defete DRE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE Oelete TILLE □ Change Addition HAME 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 Section 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. Narry S. Edentified 2-6-06 SIGNATURE:

FILED



February 20, 2006

EDENFIELD ENTERPRISES, LLC 607 E. SANDPIPER ROAD APOPKA, FL 32712

Subject: EDENFIELD ENTERPRISES, LLC

Reference Number:

L05000042841

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL*REPORTS SECTION