

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90035 032 \*\*\*\*50.00

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01052006 Chg-LLC CR2E083 (11/05)

|  |                        |  |   |                                 |                                   |
|--|------------------------|--|---|---------------------------------|-----------------------------------|
| <b>DOCUMENT # L05000051425</b>   |                        |  |   |                                 |                                   |
| 1. Entity Name<br>ENK INVESTMENTS OF SARASOTA, LLC   |                        |  |   |                                 |                                   |
| Principal Place of Business<br>4917 WINTERHAVEN DRIVE<br>SARASOTA, FL 34233  |                        |  | Mailing Address<br>4917 WINTERHAVEN DRIVE<br>SARASOTA, FL 34233 |                                 |                                   |
| 2. Principal Place of Business   |                        |  | 3. Mailing Address  |                                 |                                   |
| Suite, Apt. #, etc.  |                        |  | Suite, Apt. #, etc.   |                                 |                                   |
| City & State   |                        |  | City & State  |                                 |                                   |
| Zip  | Country                | Zip  | Country   | 4. FEI Number<br>20-2889617     |                                   |
|  |                        |  |   | Applied For<br>Not Applicable   |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                        |  |   | \$5.00 Additional Fee Required  |                                   |
| 6. Name and Address of Current Registered Agent  |                        |  | 7. Name and Address of New Registered Agent                     |                                 |                                   |
| WYATT, B. EDWIN JR.<br>4917 WINTERHAVEN DRIVE<br>SARASOTA, FL 34233  |                        |  | Name  |                                 |                                   |
|  |                        |  | Street Address (P.O. Box Number is Not Acceptable)              |                                 |                                   |
|  |                        |  | City  | FL                              | Zip Code                          |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |                        |  |   |                                 |                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |                        | Make check payable to<br>Florida Department of State |   |                                 |                                   |
| 9. MANAGING MEMBERS/MANAGERS   |                        |  | 10. ADDITIONS/CHANGES   |                                 |                                   |
| TITLE  | MGRM                   | <input type="checkbox"/> Delete                      | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME   | WYATT, B. EDWIN JR.    |  | NAME  |                                 |                                   |
| STREET ADDRESS   | 4917 WINTERHAVEN DRIVE |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP  | SARASOTA, FL 34233     |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE  | MGRM                   | <input type="checkbox"/> Delete                      | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME   | CASEY, KEVIN           |  | NAME  |                                 |                                   |
| STREET ADDRESS   | 1115 BUTTONWOOD COURT  |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP  | VENICE, FL 34293       |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE  |                        | <input type="checkbox"/> Delete                      | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME   |                        |  | NAME  |                                 |                                   |
| STREET ADDRESS   |                        |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP  |                        |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE  |                        | <input type="checkbox"/> Delete                      | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME   |                        |  | NAME  |                                 |                                   |
| STREET ADDRESS   |                        |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP  |                        |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE  |                        | <input type="checkbox"/> Delete                      | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME   |                        |  | NAME  |                                 |                                   |
| STREET ADDRESS   |                        |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP  |                        |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE  |                        | <input type="checkbox"/> Delete                      | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> 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:   |                        |  | Date: 1-8-06  |                                 | Daytime Phone #: (941) 924-4373   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                        |  |   |                                 |                                   |