

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072990

Entity Name: ENP HOLDINGS L.L.C.

FILED  
Jan 09, 2007  
Secretary of State

**Current Principal Place of Business:**

84 RIVER TRAIL DR.  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

84 RIVER TRAIL DR.  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 20-3205804

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEKARSKY, EDWARD  
84 RIVER TRAIL DR.  
PALM COAST, FL 32137 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GURARY, EDWARD  
Address: 120 JACKSON DR.  
City-St-Zip: ORANGE VILLAGE, OH 44022

Title: MGR ( ) Delete  
Name: PEKARSKY, EDWARD  
Address: 84 RIVER TRAIL DR.  
City-St-Zip: PALM COAST, FL 32137

Title: MGR ( ) Delete  
Name: GERMIN, LEO  
Address: 9609 VERLAINE CT.  
City-St-Zip: LAS VEGAS, NV 89145

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: EDWARD PEKARSKY

MGR

01/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date