2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State
01-31-2008 90069 050 ***138.75

DOCUMENT# L05000089647

1. EntityName
EN-DIENENTERPRISES,LIMITEDLIABILITIES COMPANY

600053410

PrincipalPlaceofBusiness	MailingAddress
14905 WILD WOOD LILY COURT ORLANDO, FL 32824	14905 WILD WOOD LILY COURT ORLANDO, FL 32824

01072008 Chg-LLC CR2E083(12/06)

2. PrincipalPlaceofBusiness - No P.O.Box#	3. MailingAddress
1541 WOOD VIOLET DR	1541 WOOD VIOLET DR
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State ORLANDO, FL	City&State ORLANDO, FL
Zip 32824 Country	Zip 32824 Country

4. FEINumber 20-3444345 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$5.00** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

CHOU,HUANG-JEN
14905WILDWOODLILYCOURT
ORLANDO,FL32824

7. NameandAddressofNewRegisteredAgent

Name CHAO I LEE
StreetAddress (P.O.BoxNumbersisNotAcceptable) 10019 SILVER LAUREL WAY
City ORLANDO FL ZipCode 32832

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE [signature] 1-7-2008
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9.	MANAGINGMEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREETADDRESS CITY-ST-ZIP	MGRM CHOU,HUANG-JEN 14905WILDWOODLILYCOURT ORLANDO,FL32824	☒ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	MGRM LEE, CHAO I 10019 SILVER LAUREL WAY ORLANDO, FL 32832	☒ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	MGRM LEE,CHAO-I 14905WILDWOODLILYCOURT ORLANDO,FL32824	☒ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	MGRM CHOU, HUANG-JEN 1541, WOOD VIOLET DR. ORLANDO, FL 32824	☒ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionscontainedin Chapter119,FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath; that I am a managing member or manager of the limitedliabilitycompanyorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter608,FloridaStatutes.

SIGNATURE: (x) Huang Jen Chou 1-7-08 407-276-7064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER,ORAUTHORIZEDREPRESENTATIVE Date DaytimePhone#