

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. Entity Name EN-DIEN ENTERPRISES, LIMITED LIABILITIES COMPANY		

Principal Place of Business 14905 WILD WOOD LILY COURT ORLANDO, FL 32824	Mailing Address 14905 WILD WOOD LILY COURT ORLANDO, FL 32824
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2. Principal Place of Business - No P.O. Box# 1541 WOOD VIOLET DR	3. Mailing Address 1541 WOOD VIOLET DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Orlando, FL	City & State Orlando, FL
Zip 32824	Country

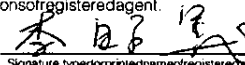
01072008 Chg-LLC CR2E083(12/06)

4. FEI Number 20-3444345	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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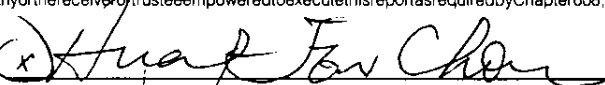
6. Name and Address of Current Registered Agent CHOU, HUANG-JEN 14905 WILD WOOD LILY COURT ORLANDO, FL 32824	
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7. Name and Address of New Registered Agent Name CHAO I LEE Street Address (P.O. Box Number is Not Acceptable) 10019 SILVER LAUREL WAY City Orlando FL Zip Code 32832	
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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 	DATE 1-7-2008

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHOU, HUANG-JEN 14905 WILD WOOD LILY COURT ORLANDO, FL 32824 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEE, CHAO I 10019 SILVER LAUREL WAY ORLANDO, FL 32832 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEE, CHAO-I 14905 WILD WOOD LILY COURT ORLANDO, FL 32824 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHOU, HUANG-JEN 1541 WOOD VIOLET DR. ORLANDO, FL 32824 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, F.S. indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		I am a managing member or manager of the company.	
SIGNATURE: 		Date: 1-7-08 Daytime Phone: 407-276-7264	