

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2006 8:00 am
Secretary of State

01-30-2006 90153 044 ****50.00

DOCUMENT # L05000101489 1. Entity Name EPIPHANY ENTERPRISES, LLC					
Principal Place of Business 372 BAILEY STREET BOCA GRANDE, FL 33921			Mailing Address P.O. BOX 202 BOCA GRANDE, FL 33921		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3785381	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BENEDICT, ROBERT C C/O JEFFERSON, GUNDERSON, ETAL 1861 PLACIDA ROAD, SUITE 204 ENGLEWOOD, FL 34223-3			7. Name and Address of New Registered Agent Name Jennifer Burch Street Address (P.O. Box Number is Not Acceptable) P.O. Box 202 372 Bailey Street City Boca Grande FL 33921		
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 _____ <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-issuing)</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BURCH, KENNETH L P.O. BOX 202 BOCA GRANDE, FL 33921		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BURCH, JENNIFER C P.O. BOX 202 BOCA GRANDE, FL 33921		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MILLER, BRUCE 4106 ARNOLD AVE. NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MILLER, CHERYL 4106 ARNOLD AVE. NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 606, Florida Statutes.					
SIGNATURE: <u>Jennifer Burch</u> <u>1/25/06</u> <u>941</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2006

EPIPHANY ENTERPRISES, LLC
P.O. BOX 202
BOCA GRANDE, FL 33921

Subject: EPIPHANY ENTERPRISES, LLC

Reference Number: L05000101489

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

The registered agent must have a **Florida** street address.

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.

/cd

ANNUAL REPORTS SECTION



ATTACHMENT

30001965

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2006

EPIPHANY ENTERPRISES, LLC
P.O. BOX 202
BOCA GRANDE, FL 33921

Subject: EPIPHANY ENTERPRISES, LLC

Reference Number:

EO5000101489

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

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

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.

/JE

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314