

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90128 023 ***150.00

DOCUMENT # L05000115576 1. Entity Name NED ENTERPRISES, LLC.					
Principal Place of Business 3332 HEARTHSTONE CT HOLIDAY, FL 34691			Mailing Address 3332 HEARTHSTONE CT HOLIDAY, FL 34691		
2. Principal Place of Business 5118 WESTSHORE DR Suite, Apt. #, etc.		3. Mailing Address 5118 WESTSHORE DR Suite, Apt. #, etc.			
City & State NEW PORT RICHEY, FL Zip 34652 Country		City & State NEW PORT RICHEY, FL Zip 34652 Country		4. FEI Number 20-3880403	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KONDOS, ELENI 3332 HEARTHSTONE CT HOLIDAY, FL 34691			7. Name and Address of New Registered Agent Name STELLA DAMALOS Street Address (P.O. Box Number is Not Acceptable) 5118 WESTSHORE DR City NEW PORT RICHEY FL Zip Code 34652		
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 <u><i>Stella Damalos</i></u> 2/7/06 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</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	MGR KONDOS, ELENI 3332 HEARTHSTONE CT HOLIDAY, FL 34691	<input checked="" 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	MGR DAMALOS, STELLA 5118 WESTSHORE DR NEW PORT RICHEY, FL 34652			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 608, Florida Statutes.					
SIGNATURE: <u><i>Stella Damalos</i></u> Member <u>2/7/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					