


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90030 031 ****50.00

DOCUMENT # L05000117266 1. Entity Name ENB DEVELOPMENT, LLC			
Principal Place of Business 11881 BRAMBLE COVE DRIVE FT. MYERS, FL 33905		Mailing Address 11881 BRAMBLE COVE DRIVE FT. MYERS, FL 33905	
2. Principal Place of Business - No P.O. Box # 3596 MARGINA CR Suite, Apt. #, etc.		3. Mailing Address 3596 MARGINA CR Suite, Apt. #, etc.	
City & State BONITA SPRINGS FL		City & State BONITA SPRINGS FL	
Zip 34134	Country LEE	Zip 34134	Country LEE
4. FEI Number 04-3834350		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRAZIER, BRUCE G 11881 BRAMBLE COVE DRIVE FT. MYERS, FL 33905		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	NAME FRAZIER, BRUCE G	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11881 BRAMBLE COVE DRIVE	CITY-ST-ZIP FT. MYERS, FL 33905	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM	NAME Buckler, Edward F	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 3596 Margira Cr	CITY-ST-ZIP Bonita Springs FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGRM	NAME Buckler, Nancy G	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 3596 Margira Cr	CITY-ST-ZIP Bonita Springs FL 34134	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM	NAME Buckler, Nancy G	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3596 Margira Cr	CITY-ST-ZIP Bonita Springs FL 34134	<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>Nancy G. Buckler</u>		Date: <u>4/9/07</u> Daytime Phone #: <u>860-0772</u>	