2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2009
Secretary of State

DOCUMENT# L05000117266

Entity Name: ENB DEVELOPMENT, LLC

Current Principal Place of Business:

3596 MARGINA CR
BONITA SPRINGS, FL 34134

New Principal Place of Business:

11881 BRAMBLE COVE DR
FORT MYERS, FL 33905

Current Mailing Address:

3596 MARGINA CR
BONITA SPRINGS, FL 34134

New Mailing Address:

11881 BRAMBLE COVE DR
FORT MYERS, FL 33905

FEI Number: 04-3834350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRAZIER, BRUCE G
11881 BRAMBLE COVE DRIVE
FT. MYERS, FL 33905 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	FRAZIER, BRUCE G	
Address:	11881 BRAMBLE COVE DRIVE	
City-St-Zip:	FT. MYERS, FL 33905	
Title:	MGRM	(X) Delete
Name:	BUCKLER, EDWARD F	
Address:	3596 MARGINA CR	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	MGRM	(X) Delete
Name:	BUCKLER, NANCY Y	
Address:	3596 MARGINA CR	
City-St-Zip:	BONITA SPRINGS, FL 34134	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRUCE G FRAZIER MGRM 05/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date