


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90185 008 \*\*\*\*50.00

<b>DOCUMENT # L06000012079</b>	
1. Entity Name <b>ENOCs LLC</b>	

Principal Place of Business <b>5601 CORPORATE WAY 210 WEST PALM BEACH, FL 33407</b>	Mailing Address <b>5601 CORPORATE WAY 210 WEST PALM BEACH, FL 33407</b>
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2. Principal Place of Business - No P.O. Box # <b>2500 Quantum Lakeside</b>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. <b>A 203</b>	Suite, Apt. #, etc.
City & State <b>Boynton Beach FL</b>	City & State
Zip <b>33426</b>	Country <b>US</b>



03222007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-4246702</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>MCNEAL, CLYDE O 5601 CORPORATE WAY 210 WEST PALM BEACH, FL FL</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 renewing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MCNEAL, CLYDE O 5601 CORPORATE WAY #210 WEST PALM BEACH, FL 33407</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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  **Clyde O McNeal** **3/22/07** **561 6404800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #