

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020689

FILED
Feb 06, 2007
Secretary of State

Entity Name: ENCHANTED CAULDRON L.L.C.

Current Principal Place of Business:

3015 16TH STREET NORTH
ST. PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

3015 16TH STREET NORTH
ST. PETERSBURG, FL 33704

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWER, CARMEN
515 33RD AVENUE NORTH
ST. PETERSBURG, FL 33704 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: BROWER, CARMEN
Address: 515 33 RD AVE. NORTH
City-St-Zip: ST. PETE, FL 33704

Title: MGRM () Delete
Name: LUBE, VICKY
Address: 3015 16TH STREET NORTH
City-St-Zip: ST. PETE, FL 33704

Title: MGRM (X) Delete
Name: MERCER, ALVIA
Address: 2945 20TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: MERCER, ALVIA
Address: 2945 20 TH STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CARMEN BROWER

MGRM

02/06/2007

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