2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2007
Secretary of State

DOCUMENT# L06000028330

Entity Name: EFG ENTERPRISES, LLC

Current Principal Place of Business:

19302 GUNN HWY
ODESSA, FL 33556 US

New Principal Place of Business:

18936 NORTH DALE MABRY HIGHWAY
LUTZ, FL 33548 US

Current Mailing Address:

P O BOX 128
ODESSA, FL 33556

New Mailing Address:

FEI Number: 20-4509704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOWELL, BYRON B
19302 GUNN HWY
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

HOWELL, BYRON B
14518 THORNFIELD COURT
TAMPA, FL 33624 US

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: BYRON B HOWELL 06/04/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HOWELL, BYRON B
Address: 19302 GUNN HWY
City-St-Zip: ODESSA, FL 33556 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HOWELL, BYRON B
Address: 14518 THORNFIELD COURT
City-St-Zip: TAMPA, FL 33624 US

Title: MGRM ( ) Change (X) Addition
Name: HOWELL, SHANNON E
Address: 14518 THORNFIELD COURT
City-St-Zip: TAMPA, FL 33624 US

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: BYRON B HOWELL MGRM 06/04/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date