

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049462

Entity Name: EGI ENTERPRISES LLC

FILED
Feb 06, 2008
Secretary of State

Current Principal Place of Business:

18904 ADAMS COUNTRY WAY
LUTZ, FL 33559 US

New Principal Place of Business:

Current Mailing Address:

18904 ADAMS COUNTRY WAY
LUTZ, FL 33559 US

New Mailing Address:

FEI Number: 20-4879225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

IYOG, GUINEVERE V OWNER
18904 ADAMS COUNTRY WAY
LUTZ, FL 33559 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: GUINEVERE VALECIA IYOG

02/06/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: IYOG, EMILIO B
Address: 18904 ADAMS COUNTRY WAY
City-St-Zip: LUTZ, FL 33559 US

Title: MGRM () Delete
Name: IYOG, GUINEVERE V
Address: 18904 ADAMS COUNTRY WAY
City-St-Zip: LUTZ, FL 33559 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: IYOG, EMILIO B OWNER
Address: 18904 ADAMS COUNTRY WAY
City-St-Zip: LUTZ, FL 33559 US

Title: MGRM (X) Change () Addition
Name: IYOG, EMIL JOHN V BUS MGR
Address: 18904 ADAMS COUNTRY WAY
City-St-Zip: LUTZ, FL 33559 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: EMIL JOHN V. IYOG

MGR

02/06/2008

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