

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051994

Entity Name: ENI SUPPLY LLC

FILED
Jul 16, 2007
Secretary of State

Current Principal Place of Business:

1128 NW 81 TERR
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

1128 NW 81ST TERR
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 11-3780610 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:

ONAH, OSMOND I
4150 NW 90TH AVE
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

ONAH, OSMOND I
1128 NW 81ST TERR
PLANTATION, FL 33322 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: OSMOND ONAH

07/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EDGAL, ENIOLA
Address: 4150 NW 90TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR () Delete
Name: ONAH, OSMOND
Address: 4150 NW 90 TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ONAH, OSMOND I
Address: 1128 NW 81ST TERR
City-St-Zip: PLANTATION, FL 33322

Title: MGR (X) Change () Addition
Name: ONAH, OSMOND
Address: 1128 NW 81ST TERR
City-St-Zip: PLANTATION, FL 33322

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: OSMOND ONAH

P

07/16/2007

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