2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# L07000035637

Entity Name: ENCHANTING ESTATES LLC

Current Principal Place of Business:

1800 FILLMORE ST, SUITE D
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

1800 FILLMORE ST, SUITE D
HOLLYWOOD, FL 33020

New Mailing Address:

325 BAYBERRY DR.
PLANTATION, FL 33317

FEI Number: 75-3237197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BASSET, CHRISTOPHE
1800 FILLMORE ST, SUITE D
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

BASSET, CHRISTOPHE
325 BAYBERRY DR.
PLANTATION, FL 33317 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: CHRISTOPHE BASSET 04/03/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BASSET, CHRISTOPHE
Address: 1800 FILLMORE ST, SUITE D
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR ( ) Delete
Name: MIDDELHOF, ANNETTE
Address: 1800 FILLMORE ST, SUITE D
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BASSET, CHRISTOPHE
Address: 325 BAYBERRY DR.
City-St-Zip: PLANTATION, FL 33317

Title: MGR (X) Change ( ) Addition
Name: MIDDELHOF, ANNETTE
Address: 325 BAYBERRY DR.
City-St-Zip: PLANTATION, FL 33317

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: CHRISTOPHE BASSET MGR 04/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date