## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## May 23, 2008 8:00 am Secretary of State DOCUMENT # L07000052565 1. Entity Name 05-23-2008 90159 006 \*\*\*143.75 ENIX PROPERTIES, LLC Principal Place of Business Mailing Address 695 31ST STREET SOUTH ST. PETERSBURG FL 33712 695 31ST STREET SOUTH ST. PETERSBURG FL 33712 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State 4. FEI Numbe City & State Applied For Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRANDES, RUSSEL P Street Address (P.O. Bex Number is Not Acceptable) 695 31ST STREET SOUTH ST. PETERSBURG FL 33712 Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if apparable (NOTE: Registered Agent's gricture required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TATLE MGR TiTLE Dolete ☐ Channe ☐ Addition NAME BRANDES, RUSSEL P NAME STREET ADDRESS 695 31ST STREET SOUTH STREET ADDRESS CITY-ST-7IP CITY-ST-Z:P ST. PETERSBURG FL 33712 THE Deleter TITLE Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP THILE ☐ Delete Title Change Change Addition NAME HAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZaP TITLE ☐ Delete TITLE Change ☐ Addition DAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my 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.

FILED

727-322-1403