

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099155

**FILED**  
**Jun 16, 2008**  
**Secretary of State**

**Entity Name:** ENDEAVOUR TECHNOLOGIES LLC

**Current Principal Place of Business:**

3617 SW 3 TERRACE  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

3517 SW 3 TERRACE  
CAPE CORAL, FL 33991

**Current Mailing Address:**

3617 SW 3 TERRACE  
CAPE CORAL, FL 33991

**New Mailing Address:**

3517 SW 3 TERRACE  
CAPE CORAL, FL 33991

**FEI Number:** 26-1175756      **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:**

GOMEZ, JAIME O JR  
11857 LADY ANNE CIRCLE  
CAPE CORAL, FL 33991 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MANTILLA, FERNANDO  
Address: 3617 SW 3RD TERRACE  
City-St-Zip: CAPE CORAL, FL 33991 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MANTILLA, FERNANDO  
Address: 3517 SW 3RD TERRACE  
City-St-Zip: CAPE CORAL, FL 33991 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: FERNANDO MANTILLA

MGM

06/16/2008

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