


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000003331 1. Entity Name ENHANCED FLORIDA MANAGER, LLC	
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Principal Place of Business 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	Mailing Address 201 ST. CHARLES AVENUE, SUITE 3700 NEW ORLEANS, LA 70170
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DO NOT WRITE IN THIS SPACE



07262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1162780	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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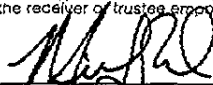
**Filing Fee is \$50.00
Due by September 8, 2004**

000000169585
08/09/04-80002-021 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KORENGOLD, MICHAEL G 201 ST. CHARLES AVENUE, SUITE 3700 NEW ORLEANS, LA 70170
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: 	8-3-04 (504) 569-7900
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>