

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004683

FILED  
May 01, 2007  
Secretary of State

Entity Name: ENDURIS, LLC

## Current Principal Place of Business:

7167 OLD KINGS POND  
JACKSONVILLE, FL 32219

## New Principal Place of Business:

7167 OLD KINGS ROAD  
JACKSONVILLE, FL 32219

## Current Mailing Address:

7167 OLD KINGS POND  
JACKSONVILLE, FL 32219

## New Mailing Address:

7167 OLD KINGS ROAD  
JACKSONVILLE, FL 32219

FEI Number: 20-5394134      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:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324      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: MGR      ( ) Delete  
Name: HEMINGWAY, JON F  
Address: 7167 OLD KINGS POND  
City-St-Zip: JACKSONVILLE, FL 32219

Title: MGR      ( ) Delete  
Name: POLIDAN, JOHN R  
Address: 7167 OLD KINGS POND  
City-St-Zip: JACKSONVILLE, FL 32219

Title: MGR      ( ) Delete  
Name: DONCKERS, LARRY E  
Address: 7167 OLD KINGS POND  
City-St-Zip: JACKSONVILLE, FL 32219

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: HEMINGWAY, JON F  
Address: 7167 OLD KINGS ROAD N  
City-St-Zip: JACKSONVILLE, FL 32219

Title: MGR      (X) Change ( ) Addition  
Name: POLIDAN, JOHN R  
Address: 7167 OLD KINGS ROAD N  
City-St-Zip: JACKSONVILLE, FL 32219

Title: MGR      (X) Change ( ) Addition  
Name: DONCKERS, LARRY E  
Address: 7167 OLD KINGS ROAD N  
City-St-Zip: JACKSONVILLE, FL 32219

Title: CFO      ( ) Change (X) Addition  
Name: SMITH, DELLA L  
Address: 7167 OLD KINGS ROAD N  
City-St-Zip: JACKSONVILLE, FL 32219

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: DELLA L SMITH

CFO

05/01/2007

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