


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company ENSTENT, LLC 1101 TYVOLA ROAD CHARLOTTE NC 28217		DOCUMENT # M96000000212 FILED 97 MAR 21 AM 7:41 SECRETARY OF STATE 1101 TYVOLA ROAD CHARLOTTE NC 28217 <i>MWB</i>	
2. Principal Place of Business 401 East Boulevard Suite, Apt. #, etc. Suite 210 City & State Charlotte, NC Zip 28203		2a. Mailing Address P. O. Box 37389 Suite, Apt. #, etc. City & State Charlotte, NC Zip 28237-7389 Country USA	
3. Date Organized or Qualified 06/17/1996		3a. State of Formation TN	
4. FEI Number 56-1932639		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report N/A		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent SABA, RICHARD D 2033 MAIN STREET, SUITE 303 SARASOTA FL 34237		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. 4000002123554--0 -03/25/97--01055--016 City FL ****203.75	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HAMMONS, THOMAS L.	1101 TYVOLA ROAD 401 East Blvd, Suite 210	CHARLOTTE NC
MGRM	HAMMONS, NICOLE C	1101 TYVOLA ROAD 401 East Blvd, Suite 210	CHARLOTTE NC
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>Thomas L. Hammons</i>		Thomas L. Hammons	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	
		Daytime Phone #	