## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # M9900001373

1. Entity Name



## **FILED** Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90005 020 \*\*\*\*50.00

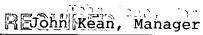
ENJAY RI	EALTY, L.L.C.						
Principal Pla	ce of Business	Mailing Address	I.	· · · · · ·			
3545 OCEAN DRIVE. SUITE 201 VERO BEACH FL 32963		3545 OCEAN DRIVE. SUITE 201 VERO BEACH FL 32963					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAK	(ING CHANGES	3
City & State		City & State		4. FEI Nur	nber <b>22-3524335</b>	<del> </del>	Applied For
Zip	Country	Zip	Country.	<b>5.</b> Certifica	ate of Status Desired	\$5.00	ditional
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New Register	red Agent	
LLOVD BODIN A OD							
C/O	yd, robin a Sr. Robin A. Lloyd, Sr. & Associ/ 5 Ocean Drive, Suite 201	TES, P.A.	Street Add	ress (P.O. Box Num	nber is Not Acceptable)		
	O BEACH FL 32963						
			City		-	FL Zip Coo	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or re-	gistered agent, or t	ooth, in the State of Florida.	am familiar with,	, and accept
SIGNATURE							
<del></del>	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature r	required when reinstating)	DA	TE	
			W!!! FEE IS \$50				
		Make Check Payable		rtment of State			
•	11111101101151105		By May 1, 2003				
9.	MANAGING MEMBE	······································	10.		ADDITIONS/CHANG		
NAME	KEAN, JOHN	☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	176 NORTH SHORE POINT		STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP		•		
TITLE	MGRM	☐ Delete	TITLE	<del>-</del>		☐ Change	Addition
NAME	KEAN, PAMELA S		NAME				
STREET ADDRESS	176 NORTH SHORE POINT		STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32963	<u> </u>	CITY-ST-ZIP	_			
NAME		☐ Delete <sup>-</sup>	TITLE TO A STATE OF THE STATE O			Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		□ Delete	TITLE	•		☐ Change	Addition
NAME			NAME			Onlings	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	***		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		<b>—</b>		<del></del>			
NAME ]	•	☐ Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	. ,	•	CITY-ST-ZIP	****		_	
11. I nereby c	ertify that the information supplied with t	his filing does not qualify for t	he exemption stated i	in Section 119.07(3	l)(i), Florida Statutes, I further	certify that the ir	nformation

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:







2/13/2003

772 231-0388

Date