

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038411

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: E.L.P. LLC

**Current Principal Place of Business:**

31629 LONG ACRES DRIVE  
SUITE 1  
SORRENTO, FL 32776

**New Principal Place of Business:**

**Current Mailing Address:**

31629 LONG ACRES DRIVE  
SUITE 1  
SORRENTO, FL 32776

**New Mailing Address:**

FEI Number: 57-1196633      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KEIKES, WILLIAM III  
31242 SOARING HAWK LANE  
SORRENTO, FL 32776      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: MR      ( ) Delete  
Name: KEIKES, WILLIAM III  
Address: 31242 SOARING HAWK LANE  
City-St-Zip: SORRENTO, FL 32776

Title: MS      (X) Delete  
Name: KEIKES, JOANNE L  
Address: 24926 OLMAC ROAD  
City-St-Zip: SORRENTO, FL 32776

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM KEIKES III      MR      01/15/2008

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