




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90202 021 ****50.00

DOCUMENT # L04000032354			
1. Entity Name ELLIOT SLAVIS, LLC			
Principal Place of Business 2760 SOUTH OCEAN BLVD. PALM BEACH, FL 33480		Mailing Address 2760 SOUTH OCEAN BLVD. PALM BEACH, FL 33480	
2. Principal Place of Business 13186 TOUCHSTONE PL Suite, Apt. #, etc.		3. Mailing Address 13186 TOUCHSTONE PL Suite, Apt. #, etc.	
City & State PALM BEACH GARDENS FL		City & State PALM BEACH GARDENS FL	
Zip 33418		Country PALM BEACH	
4. FEI Number 65-1116249		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES FOSTER SERVICE, LLC 505 SOUTH FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE 3/1/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR SLAVIS, ELLIOT <input checked="" type="checkbox"/> Delete 2760 SOUTH OCEAN BLVD. WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELLIOT SLAVIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13186 TOUCHSTONE PL PALM BEACH GARDENS FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		DATE 3/1/06 DAYTIME PHONE # (954)649-0400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	