

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 JUN 27 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L05000007902</b> 1. Entity Name ELCA, LLC		
Principal Place of Business 201 S. BISCAYNE BLVD. SUITE 2500 MIAMI, FL 33131 US		Mailing Address 201 S. BISCAYNE BLVD. SUITE 2500 MIAMI, FL 33131 US
2. Principal Place of Business 19950 W. Country Club Dr. Suite, Apt. #, etc. Ste. 900	3. Mailing Address 19950 W. Country Club Dr. Suite, Apt. #, etc. Ste. 900	
City & State Aventura, FL	City & State Aventura, FL	
Zip 33180	Country	Zip 33180
6. Name and Address of Current Registered Agent  ZAMORA, ANTONIO R 201 S. BISCAYNE BLVD. SUITE 2500 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable)  1200 S. Pine Island Road City Plantation, FL Zip Code 33324
4. FEI Number 20-4067758		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
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 <u>Connie Bryan</u> <b>CONNIE BRYAN</b> SPECIAL ASSISTANT SECRETARY DATE <u>6/27/2006</u>		
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u>Jacob Cababie Daniel</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date _____ Daytime Phone # _____



06222006 Chg-LLC CR2E083 (11/05)

Applied For Not Applicable

FL 33324

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06/30/06--01010--022 \$50.00