2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 03, 2006
Secretary of State

DOCUMENT# L05000023598

Entity Name: ELAPID CAPITAL LLC

Current Principal Place of Business:

16131 PINE RIDGE RD
UNIT 1
FT. MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16131 PINE RIDGE RD
UNIT 1
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 20-2472992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTORI, MANUEL
16131 PINE RIDGE RD
UNIT 1
FORT MYERS, FL 33908 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: MGRM ( ) Delete
Name: MONTORI, MANUEL
Address: 16131 PINE RIDGE RD, UNIT 1
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM ( ) Delete
Name: MONTORI, MILAGROS P
Address: 16131 PINE RIDGE RD, UNIT 1
City-St-Zip: FORT MYERS, FL 33908

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR ( ) Change (X) Addition
Name: EASTERDAY, JON A
Address: 16131 PINE RIDGE RD, UNIT 1
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the 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: MANUEL MONTORI MGRM 08/03/2006

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