

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2004 NOV 30 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000007778

1. Entity Name
ELRU, LLC



Principal Place of Business
C/O PATRICIA MODINE
5660 SUMMERLIN ROAD
FORT PIERCE, FL 34988

Mailing Address
C/O PATRICIA MODINE
5660 SUMMERLIN ROAD
FORT PIERCE, FL 34988



2. Principal Place of Business

C/O REBECCA T. EAVES
Suite, Apt. #, etc.
27101 OKEECHOBEE ROAD

3. Mailing Address

C/O REBECCA T. EAVES
Suite, Apt. #, etc.
27101 OKEECHOBEE ROAD

City & State

FT. PIERCE, FL

City & State

FT. PIERCE, FL

Zip

34945

Country

USA

Zip

34945

Country

USA

08072004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-1032578

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, J. PAUL
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME EAVES, REBECCA T. ☐ Delete
STREET ADDRESS PO BOX 597
CITY-ST-ZIP OKEECHOBEE, FL 349730597

TITLE MGR
NAME MODINE, Patricia Ann ☐ Delete
STREET ADDRESS 5660 Summerlin Road
CITY-ST-ZIP Fort Pierce, FL 34987

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME EAVES, REBECCA T.
STREET ADDRESS 27101 SUMMERLIN ROAD
CITY-ST-ZIP FT. PIERCE, FL 34945

TITLE MGR ☐ Change ☒ Addition
NAME MODINE, PATRICIA ANN
STREET ADDRESS 5660 SUMMERLIN ROAD
CITY-ST-ZIP FT. PIERCE, FL 34987

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

11/30/04 904/772-528-7399