


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 13, 2007 08:00 AM
Secretary of State**

DOCUMENT # L00000007778 1. Entity Name ELRU, LLC	
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Principal Place of Business % REBECCA T. EAVES 27101 OKEECHOBEE ROAD FORT PIERCE, FL 34945	Mailing Address % REBECCA T. EAVES 27101 OKEECHOBEE ROAD FORT PIERCE, FL 34945
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02222007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1032578	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

8. Name and Address of Current Registered Agent RAYMOND, J. PAUL 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EAVES, REBECCA T 27101 OKEECHOBEE RD FORT PIERCE, FL 349455000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MODINE, PATRICIA ANN 5660 SUMMERLIN ROAD FORT PIERCE, FL 34987
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03/23/07-80010-003 55.00

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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: *Rebecca T. Eaves* - REBECCA T. EAVES 03-03-2007 773 468 9420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #