

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007882

Entity Name: ELENA ENTERPRISES, LLC

FILED  
Jan 29, 2005  
Secretary of State

**Current Principal Place of Business:**

655 5TH AVENUE NORTH  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 365  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

FEI Number: 59-3656659

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRESH, JENNIFER C  
655 5TH AVENUE NORTH  
SAFETY HARBOR, FL 34695 US

**Name and Address of New Registered Agent:**

TRESH, JAMES  
655 5TH AVENUE NORTH  
SAFETY HARBOR, FL 34695 US

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: JAMES TRESH

01/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: TRESH, JENNIFER  
Address: 655 5TH AVENUE NORTH  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM ( ) Delete  
Name: TRESH, JAMES  
Address: 655 5TH AVENUE NORTH  
City-St-Zip: SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TRESH, JAMES  
Address: 655 5TH AVENUE NORTH  
City-St-Zip: SAFETY HARBOR, FL 34695

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES TRESH

MR.

01/29/2005

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