200 ⁻	1 UNI	FORM B	USII	NESS REPO	RT	(UB	R)		·	,			• •
DOCUMENT # L00000015151 1. Entity Name								FILED					
ELS INVESTMENTS, L.L.C.								01 MAR -5 AM 10: 02					
Principal Plac	ce of Business	3	Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA						
									. ,				
2. Principal Place of Business 12371 5W 97 7 TRUE Suite: Apt. #, etc.				3. Mailing Address 12371 5w 97 7EJ Suite, Apt. #, etc.			le		DO NOT-	WRITE:#\	NTHIS (SPACE	:
City & State				City & State	-,		4. FEI Number				ΙΑ	pplied For	
7in	7 1 1			1.11.1.1.		itsv.		4. FELNumber 65-1064060				\$5.00 Ad	lot Applicable
<u> </u>	186	Country DAD		-33186	Coun	DADE			of Status Desir			Fee Requir	
6. Name and Address of Current Registered Agent Name							7. 1	Name and	d Address of Ne	w Regis	tered A	Agent	
ARNALDO VELEZ						Street A	Street Address (P.O. Box Number is Not Acceptable)						
35 ALMERIA AVE												-	
CORAL GABLES, FL. 33134						City						Zip Coo	 de
8. The above named entity submits this statement for the purpose of changing its re							/ FL					<u> </u>	<u> </u>
b. The above	глаттес епшу	Submits this state	ment for a	le purpose of changing its	registere	. onice o	r registered agr	ent, or be	in, in the state c	ii i ionaa.			
SIGNATURE	Signature, typed o	or printed name of register	red agent and	title if applicable. (NOTE	: Registered	d Agent signat	ure required when re	instating)			DATE		
				FILE NO	WIIIF	FEE IS	50.00						
				Make Check Pay				е					
9.		10.	•			ADDITIC	NS/CHA	NGES					
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indicated limited liab	certify that the on this report bility company	intermation suppli is true and accura or the receiver	ed with this	s filing does not quality for t my signature shall have the prowered to execute this re	the exer he same eport as	nption stat legal effe- required t	ted in Section 1 ct as if made u by Chapter 608	19.07(3)(nder oath , Florida :	i), Florida Statut ; that I am a ma Statutes.	es. I furth inaging n	er certi nember	ry that the ir or manage	ntormation r of the
SIGNATURE: X 2-27-01													
SIGITAL			NAME OF SIG	NING MANAGING MEMBER, MANA	AGER, OR	AUTHORIZED	REPRESENTATIVE		Date		Day	/time Phone #	

CR2E083 (11/00)