2006 LIMITED LIABILITY COMPANY

May 01, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L01000000268 1. Entity Name ELST PROPERTIES, LLC. Principal Place of Business Mailing Address . 2101 W PLATT ST 2101 W PLATT ST # 200 # 200 TAMPA, FL 33606 TAMPA, FL 33606 01102008 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3688231 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KOEHLER, KEITH W KOEHLER & COMPANY, P.A. 502 NORTH ARMENIA AVE IN THIS SPACE TAMPA, FL 33609 3. 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 (amiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of redistered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE NAME GULUZIAN, ARAM 2101 W PLATT ST #200 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 TITLE U00000547318 05/12/06-88820-012 50.00 NAME STREET ADDRESS CITY-ST-ZIP THE MANE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP

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 eath; that I am a managing member or manager of the limited liability company or the receiver of truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AME OF SIGHING MANAGING MEMO R, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CHY-ST-ZIP

FILED