


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 A
Secretary of State

DOCUMENT # L01000002211 1. Entity Name ELITA KANE, L.L.C.	
---	---

Principal Place of Business 614 SOUTH OWL DR. SARASOTA, FL 34236	Mailing Address 614 SOUTH OWL DR. SARASOTA, FL 34236
--	--



02212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1075918	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent KANE, ELITA 614 SOUTH OWL DRIVE SARASOTA, FL 34236
--

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000858725
04/01/08-80056-013 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KANE, ELITA 614 SOUTH OWL DRIVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KANE, DANIEL 614 SOUTH OWL DRIVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Elita Kane*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03/06/08
Date Daytime Phone #