


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000004244**  
 1. Entity Name  
**ELKCAM CIRCLE LLC**



Principal Place of Business      Mailing Address  
**365 FIFTH AVENUE SOUTH, SUITE 201**      **365 FIFTH AVENUE SOUTH, SUITE 201**  
**NAPLES, FL 34102**      **NAPLES, FL 34102**



04272004 No Chg-LLC      CR2E063 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3706237</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**CHEFFY, LOUIS W**  
**CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP**  
**821 FIFTH AVENUE SOUTH, SUITE 201**  
**NAPLES, FL 34102**

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**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 \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTARAMIAN, JACK 365 FIFTH AVENUE SOUTH #201 NAPLES, FL 34102
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**11.** I hereby certify that the information supplied with this filing does not qualify 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 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:** *Jack Antaramian*      **DATE:** 4/28/04      **DAYTIME PHONE #:** 239-436-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #