


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90028 013 ****50.00

DOCUMENT # L01000004244		
1. Entity Name ELKCAM CIRCLE LLC		

Principal Place of Business 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102	Mailing Address 367 WEST MAIN STREET NORTHBOROUGH, MA 01532
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60053738

2. Principal Place of Business - No P.O. Box # 4500 GORDON DRIVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State NAPLES, FL	City & State
Zip 34102	Country USA



07112007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3706237		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 CHEFFY, LOUIS W CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

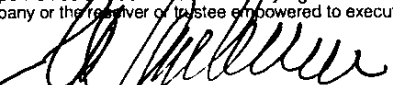
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTARAMIAN, JACK 365 FIFTH AVENUE SOUTH #201 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4500 GORDON DRIVE NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JACK ANTARAMIAN** 7/24/07 508-393-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #