2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000005906

1. Entity Name
ELYSEE INVESTMENT ENTERPRISES, LLC

Principal Place of Business	Mailing Address
210 - 71ST STREET, STE 309 MIAMI BEACH, FL 33141	210 - 71ST STREET, STE 309 MIAMI BEACH, FL 33141

20013117

2. Principal Place of Business

3. Mailing Address

1 Financial Plaza

Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 2001

02102005   Chg-LLC   CR2E083 (10/03)

City & State	City & State Ft. Lauderdale, FL

4. FEI Number
65-1094953

Applied For
Not Applicable

Zip	Country	Zip 33394	Country US

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PIOTRKOWSKI, JOEL S
317 71ST STREET
MIAMI BEACH, FL 33141

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00 **Due by May 1, 2005**		**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS		10.		ADDITIONS / CHANGES	
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	YEHEZKEL, HAIM		NAME			
STREET ADDRESS	210 71ST STREET, STE 309		STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _____   2/17/05

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