

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012365

FILED
Jan 29, 2007
Secretary of State

Entity Name: ELDA FL INVESTMENTS, LLC

Current Principal Place of Business:

508 NW VIEW RIDGE LANE
CAMAS, WA 98607

New Principal Place of Business:

Current Mailing Address:

C/O VILLAGE REALTY, INC.
1465 NE VILLAGE STREET
FAIRVIEW, OR 97024

New Mailing Address:

FEI Number: 91-2150704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, STE. 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FULLARD-LEO, AINSLEY
Address: 508 NW VIEW RIDGE LANE
City-St-Zip: CAMAS, WA 98607

Title: MGR () Delete
Name: FULLARD-LEO, DUDLEY
Address: 508 NW VIEW RIDGE LANE
City-St-Zip: CAMAS, WA 98607

Title: AGNT () Delete
Name: FULLARD-LEO, MARCUS
Address: 1465 NE VILLAGE STREET
City-St-Zip: FAIRVIEW, OR 97024

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARCUS FULLARD-LEO

AGNT

01/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date