2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L01000012950

Entity Name: ELWOOD-LBS, LLC

Current Principal Place of Business:

32850 LAKESHORE DR
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

C/O LINDA B SPENCER PHD
32850 LAKESHORE DR
TAVARES, FL 327785034

New Mailing Address:

32850 LAKESHORE DR
TAVARES, FL 32778

FEI Number: 59-3741920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPENCER, LINDA PH.D
32850 LAKESHORE DR.
TAVARES, FL 327785034 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: SPENCER, LINDA B
Address: 32850 LAKESHORE DR
City-St-Zip: TAVARES, FL 327785034

Title: MGR ( ) Delete
Name: QUAIL, LORENE
Address: 700 N BELFAST PL
City-St-Zip: CHULUOTA, FL 32766

ADDITIONS/CHANGES:

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 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: LINDA SPENCER MGR 04/15/2009

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