FILED Feb 20, 2007 8:00 am Secretary of State 02-20-2007 90366 023 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Suite. Apt. #, etc. Suite. Apt. #, etc. City & State City &	1. Entity Nam	MENT # L01000021 ELD PLAZA, LLC	370		
Suite, Apt. 6, 66. City & State Country S. Country	2221 E OCEAN BLVD		2221 E OCEAN BLVD		
City & States Country 2p Country 3, Country 4, Respective of Status Desired 3, Respective of Status Desired 4, Respective of Status Desired 5,	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address		
Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional Fee Required \$5.00 Additional Fee Requ	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252007 Chg-LLC CR2E083 (12/06)
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Norme RRAMER, ROBERT S 853 SE MONTEREY COMMONS BLVD. STUART, FL 34996 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordia. I am familier with, and ac the obligations of registered agent. SIGNATURE FILING Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES PURP REGISTRANCES OTY-51-2P STUART, FL 34996 10. ADDITIONS/CHANGES 10. ADDITIONS/CHANGES OTY-51-2P TILE MORPM WENGLER, EDWARD Detab MRE WENGLER, EDWARD Detab MRE WENGLER, EDWARD Detab MRE WENGLER, EDWARD Detab MRE WENGLER, EDWARD DETABLED STREET MORES OTY-51-2P STUART, FL 34996 DETABLED THE MORPM Detab MRE WENGLER, EDWARD DETABLED STREET MORES OTY-51-2P STUART, FL 34996 DETABLED DETABLE	City & State				03-0377601 Not Applicable
KRAMER, ROBERT S 853 SE MONTEREY COMMONS BLVD. STUART, FL 34996 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 familier with, and active obligations of registered agent, or both, in the State of Florida. I am familier with, and active obligations of registered agent, or both, in the State of Florida. I am familier with, and active obligations of registered agent, or both, in the State of Florida. I am familier with, and active obligations of registered agent, or both, in the State of Florida. I am familier with, and active obligations of registered agent, or both, in the State of Florida. I am familier with, and active obligations of registered agent, or both, in the State of Florida. I am familier with, and active obligations of registered agent, or both, in the State of Florida. I am familier with, and active obligations of registered agent, or both, in the State of Florida. I am familier with, and active obligations of registered agent, or both, in the State of Florida. I am familier with, and active obligations of registered agent, or both, in the State of Florida. I am familier with, and active obligations of registered agent, or both, in the State of Florida. I am familier with, and active obligations of registered agent, or both, in the State of Florida. I am familier with, and active obligations of registered agent, or both, in the State of Florida. Interpretation of the State of Florida. I am familier with, and active obligations of registered agent, or both, in the State of Florida. I am familier with, and active obligations of registered agent, or registered agent, or registered agent, or registered agent, or both, in the State of Florida. I am familier with, and active obligations of registered agent, or registered agent, and active agent agent agent agent agent	Zip	Country	Zip	Country	5. Certificate of Status Desired Fee Required
STORMANTEREY COMMONS BLVD. STUART, FL 34996 City FL Zip Code Ci		6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
E. The above remed entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent. SIGNATURE Signature Signature, tiped or private name of implifated agent and the if applicable. (INTE Registered Agent signature requested when releasable) DUE	853 SE MONTEREY COMMONS BLVD.			Street Addr	ress (P.O. Box Number is Not Acceptable)
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 act the obligations of registered agent. SIGNATURE Filing Fee is \$50.00 MANAGING MEMBERS/MANAGERS 10.	STUART, I	FL 34996			Tip Code
the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Mark of printed name of registered agent and title if applicable. (IOTE Registered Agent algrenance required when neterating) DATE				1 1	₽₽
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MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the intermation supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is fue and accordate 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 receive or number empowered to execute this report as required by Chapter 608, Florida Statutes.	NAME STREET ADDRESS		☐ Celate	NAME STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 accordate 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 of rustner empowered to execute this report as required by Chapter 608, Florida Statutes.	NAME Street address		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
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2-14-107 (772) 215-402	11. I hereby of indicated limited list	certify that the intermation supplied wit on this report is true and accorate and bility company or the receiver of man	th this filing does not qualify in digital that my signature shall have be empowered to execute this	or the exemptions cont e the same legal effect s report as required by	ained in Chapter 119, Florida Statutes. I further certify that the information as if made under oath; that I am a managing member or manager of the Chapter 608, Florida Statutes.
SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNATO MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAID Daysing Phone #	SIGNAT	URE:			2-14-07 (772) 215-4026 EPRESENTATIVE Date Daytime Phone #