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FILED
Jul 08, 2002 8:00 am
Secretary of State
05-22-2002 90203 028 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022727

1. Entity Name

ELT, UD #7, L.L.C.

DO NOT WRITE IN THIS SPACE

[redacted]

2. Principal Place of Business	3. Mailing Address
1597 S Port St Lucie Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie	City & State
Zip: FL 34952 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Schaffer, Martin

Street Address (P.O. Box Number is Not Acceptable): 1597 South Port St. Lucie Blvd.

City: Port St. Lucie FL Zip Code: 34952

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.

SIGNATURE: [signature] DATE: 4/30/02

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	Schaffer, Martin
STREET ADDRESS	1597 S. Port St. Lucie Blvd.
CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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: [signature] 4/30/02

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

STF FL32519F.1