2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT #,Lp200000633 1. Entity Name E.L.D.ENTERPRISES, L.L.C.						F	Feb 02, 2004 08:00 AM Secretary of State				
Principal Plac	ce of Busines	s	Mailing Address		•						
7156 N.W. 50 STREET MIAMI FL 33166			7156 N.W. 50 STREET MIAMI FL 33166								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt #, etc.			Suite, Apt #, etc.				MOORE	CR2E083	(11/03)		
City & State			City & State			4. FEI Nur	nber 26-0004382		ļ <u>-</u>	plied For at Applicable	
Zip	Zip Country		Zip Cour		otry	5. Certifica	ate of Status Desired	п ;	\$5.00 Add	litional	
6. Name and Address of Current			egistered Agent				and Address of New Re		ree Require	d	
					Name				3		
799	POTE, BE BRICKEL MI FL 33	ATRIZ M ESQ. L PLAZA, SUITE 7	00		Street Address (P.O. Box Number is Not Acceptable)						
IVIA	UVIL I'L 33	131									
					City			FL	Zip Code	3	
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. It 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											
FILE NOW!! Make Check Payable to							เเดดกดดวร	192			
					ay 1, 2004	ment of otate	U00000025 02/02/04-800	95-023	50. 00	÷	
9.		MANAGING MEMBE	RS/MANAGERS			ADDITIONS/	CHANGES				
TITLE NAME	MGR	AN, ELEAZAR	Delete BILL						☐ Change	☐ Addition	
STREET ADDRESS	1	50 STREET			EET ADDRESS						
CITY-ST-ZIP	MIAMI FL:	33166			/-ST-Z8P			<u>.</u>			
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CRTY+ST-ZRP	ļ				-ST-ZIP						
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STREET ADDRESS					EET ADDRESS						
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SIREET ADDRESS				•	EET ADDRESS						
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TITLE			☐ Delete	33 R					☐ Change	☐ Addition	
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CETY-ST-ZEP]			•	- ST-28P						
THLE			☐ Delete	THE					Change	Addition	
NAME STREET ADDRESS				NAM STR	EET ADDRESS						
CITY-ST-ZIP				•	-ST-ZIP						
11. Thereby	certify that the	e Information supplied with	this filing does not qualify that my signature shall have	for the exe	emption stated in	Section 119.07(3)(i), Florida Statutes. I	further certi	fy that the in	oformation	
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 flability company or the receiver or trustee empowers to execute this report as required by Chapter 608, Florida Statutes.											

FILED