


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90272 030 ****50.00

DOCUMENT # L02000005528 1. Entity Name ELG ASSOCIATES LLC																													
Principal Place of Business P.O. BOX 832137 MIAMI, FL 33283 US			Mailing Address P.O. BOX 832137 MIAMI, FL 33283 US																										
2. Principal Place of Business 10859 EMERALD GAST PKWY W Suite, Apt. #, etc. Box 334		3. Mailing Address 10859 EMERALD GAST PKWY W Suite, Apt. #, etc. Box 334																											
City & State DESTIN, FL		City & State DESTIN FL		4. FEI Number 01-0637104																									
Zip 32550		Country 32550		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent COMPLETE CORPORATE SERVICES, INC. 915 MIDDLE RIVER DR. #410 FT. LAUDERDALE, FL 33304				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																													
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>MGRM GRUND, EDWARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 832137</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33283</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	MGRM GRUND, EDWARD		STREET ADDRESS	P.O. BOX 832137		CITY-ST-ZIP	MIAMI, FL 33283		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>10859 EMERALD GAST PKWY W # 334</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DESTIN, FL 32550</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	10859 EMERALD GAST PKWY W # 334		STREET ADDRESS	DESTIN, FL 32550		CITY-ST-ZIP		
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Edward L. Grund 4-06-04

850
837-3123