

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000006061
 1. Entity Name
 ELMDALE & CHURCH ENTERPRISES, L.L.C.



Principal Place of Business: 10939 WOODCHASE CIRCLE, ORLANDO, FL 32836
 Mailing Address: 10939 WOODCHASE CIRCLE, ORLANDO, FL 32836



DO NOT WRITE IN THIS SPACE

04112005No Chg-LLC CR2E083 (10/03)
 4. FEI Number: 75-3026241
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 HEMANI, NASIRUDDIN
 10939 WOODCHASE CIRCLE
 ORLANDO, FL 32836

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

000000346548
 04/30/05-80080-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HEMANI, NASIRUDDIN
STREET ADDRESS	10939 WOODCHASE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	MGRM
NAME	HEMANI, ALTAF
STREET ADDRESS	10939 WOODCHASE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	MGRM
NAME	HEMANI, MOHAMMED
STREET ADDRESS	10939 WOODCHASE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	MGRM
NAME	HEMANI, NIZAR (NICK)
STREET ADDRESS	10939 WOODCHASE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	MGRM
NAME	HEMANI, NIZAR
STREET ADDRESS	10939 WOODCHASE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
STREET ADDRESS	
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)(f), 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 60B, Florida Statutes.

SIGNATURE: 4/26/05 407-234-0647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DAY Daytime Phone #