


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000009227		
1. Entity Name ELKAR STUDENT PARTNERS, LLC		

Principal Place of Business 319 N MAGNOLIA AVENUE ORLANDO, FL 32801	Mailing Address 319 N MAGNOLIA AVENUE ORLANDO, FL 32801
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2. Principal Place of Business - No P.O. Box # 1142 Kelton Avenue	3. Mailing Address 1142 Kelton Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando FL	City & State Orlando FL
Zip 34761	Zip 34761
Country U.S.A.	Country U.S.A.

**FILED**  
2007 APR 23 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04022007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-2056341	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SKELLEY, JEANNIE L 319 N MAGNOLIA AVENUE ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name: Skelley Jeannie L. Street Address (P.O. Box Number is Not Acceptable): 1142 Kelton Avenue City: Orlando FL Zip Code: 34761
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELKAR HOLDINGS (FLORIDA) INC. 319 N MAGNOLIA AVENUE ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. Elkar Holdings (Florida) Inc. 1142 Kelton Avenue Orlando FL 34761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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 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:** \_\_\_\_\_ Date: 4/02 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE