

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 APR 23 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000009229



1. Entity Name
ELKAR STUDENT HOLDINGS, LLC

Principal Place of Business
319 N MAGNOLIA AVENUE
ORLANDO, FL 32801

Mailing Address
319 N MAGNOLIA AVENUE
ORLANDO, FL 32801

2. Principal Place of Business - No P.O. Box #

1142 Kelton Avenue

Suite, Apt. #, etc.

3. Mailing Address

1142 Kelton Avenue

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

34761

Country

U.S.A.

Zip

34761

Country

U.S.A.

04022007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

59-2056341

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

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

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

(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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ELKAR HOLDINGS (FLORIDA) INC.
STREET ADDRESS 319 N MAGNOLIA AVENUE
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME ELKAR HOLDINGS (FLORIDA) INC.
STREET ADDRESS 1142 Kelton Avenue
CITY-ST-ZIP Orlando, FL 34761

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000098059610
04/24/07--01010--002 **250.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #