2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000021281

1. Entity Name ELGEE INVESTMENTS, LLC



FILED Feb 23, 2006 08:00 AM Secretary of State

Principal Place of Business

310 S. FEDERAL HGHWAY BOYNTON BEACH, FL 33435 Mailing Address



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, JOEL H 401 CAMINO GARDENS BOULEVARD BOCA RATON, FL 33432-5809

DO NOT WRITE IN THIS SPACE

| 8. The above the obligat | named entity submits this statement for the purpose of char tions of registered agent. | nging its registered office or registered agent, or b | oth, in the State of Florida. I am familiar with, and accept | |
|--|---|---|---|--|
| SIGNATURE Signeture, typed or printed neme of registered agent and title if applicable. | | (NOTE: Registured Agent algorature required when reinstating) | OATE | |
| F | iling Fee is \$50.00 ue by May 1, 2006 | | | |
| V. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBERS/MANAGERS MGR HARGROVE, LISA KALLAI 310 S FEDERAL HWY BOYNTON BEACH, FL 33435 | | HONOMO445195 03/07/06-80033-015 50.00 DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE | | | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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:

STREET ADORESS CITY-ST-ZIP

1-23-06 561-742-2: