

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029530

Entity Name: MC ELEVA GROUP, LLC

FILED
Jul 15, 2004
Secretary of State

Current Principal Place of Business:

20937 BAY COURT, STE. 118
AVENTURA, FL 33180

New Principal Place of Business:

19501 W COUNTRY CLUB DR
STE 1512
AVENTURA, FL 33180

Current Mailing Address:

PO BOX 630595
MIAMI, FL 33163

New Mailing Address:

FEI Number: 41-2067816 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGEN & HAGEN, P.A.
3531 GRIFFIN RD.
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: MAESTRACCI, GABRIEL
Address: 19501 W COUNTRY CLUB DR #1512
City-St-Zip: AVENTURA, FL 33180

Title: PVP () Delete
Name: CALANDRIELLO, DONATO
Address: 19501 W COUNTRY CLUB DR #1512
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAESTRACCI, GABRIEL
Address: 19501 W COUNTRY CLUB DR #1512
City-St-Zip: AVENTURA, FL 33180

Title: MGRM (X) Change () Addition
Name: CALANDRIELLO, DONATO
Address: 19501 W COUNTRY CLUB DR #1512
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DONATO CALANDRIELLO

MGRM

07/15/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date