


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90062 009 \*\*\*\*50.00

<b>DOCUMENT # L02000031977</b>	
1. Entity Name ELVIS, LLC	

Principal Place of Business 155 SOUTH MIAMI AVENUE PH-2A MIAMI, FL 33130	Mailing Address 155 SOUTH MIAMI AVENUE PH-2A MIAMI, FL 33130
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60044268



2. Principal Place of Business - No P.O. Box # 333 S. Miami Ave. #150 Suite, Apt. #, etc. Miami, FL 33130 City & State	3. Mailing Address 333 S. Miami Ave. #150 Suite, Apt. #, etc. Miami, FL 33130 City & State
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03092007 Chg-LLC CR2E083 (12/06)

Zip	Country	Zip	Country
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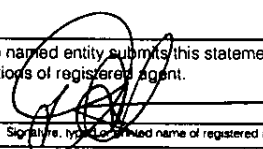
4. FEI Number 33-1052539	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SIRLIN, DANIEL 155 SOUTH MIAMI AVENUE PH-2A MIAMI, FL 33130	
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7. Name and Address of New Registered Agent	
Name Daniel Sirlin	
Street Address (P.O. Box Number is Not Acceptable) 333 S. Miami Ave., Ste. #150	
City Miami	FL Zip Code 33130

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 4/23/07  
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, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIRLIN, DOMINIQUE <input checked="" type="checkbox"/> Delete 155 SOUTH MIAMI AVENUE PH-2A MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Dominique Sirlin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 S. Miami Ave., Ste. #150, Miami, FL 33130
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE 4/23/07 DAYTIME PHONE #