

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000032148 1. Entity Name ELANDE PROPERTIES, LLC					
Principal Place of Business 13129 SE 49TH CT BELLEVIEW FL 34420			Mailing Address 13129 SE 49TH CT - BELLEVIEW FL 34420		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 04-3742707	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent VAN VORCE, LOWELL JR. 13129 SE 49TH CT BELLEVIEW FL 34420				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VAN VORCE, LOWELL JR. 13129 SE 49TH CT BELLEVIEW FL 34420	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VAN VORCE, DIANE S 13129 SE 49TH CT BELLEVIEW FL 34420	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE: *Lowell Van Vorce Jr* **Lowell Van Vorce Jr** *2/15/06* **(352) 245-223**