

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90071 007 ***138.75

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
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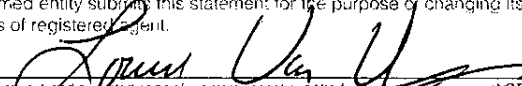
2. Principal Place of Business - No P.O. Box # 11191 SE 55 Ave Rd Suite, Apt. #, etc. # 803	3. Mailing Address 11191 SE 55 Ave Rd Suite, Apt. #, etc. # 803
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1st MOORE CR2E083 (10/07)

City & State Belleview FL	City & State Belleview FL	4. FEI Number 04-3742707	Applied For ☐ Not Applicable
Zip 34420	Country MAAIAW	Zip 34420	Country MAAIAW

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
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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: VAN VORCE, Lowell Jr. Street Address (P.O. Box Number is Not Acceptable): 11191 SE 55 Ave Rd # 803 City: Belleview FL Zip Code: 34420
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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: 2/6/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

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	11191 SE 55 Ave Rd #803 Belleview FL 34420 ☒ Change ☐ Addition
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	11191 SE 55 Ave Rd #803 Belleview FL 34420 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: 2/6/08

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

Daytime Phone #