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	Mailing Address
13129 SE 49TH CT BELLEVIEW FL 34420	13129 SE 49TH CT BELLEVIEW FL 34420

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11191 SE 55 Ave Rd	11191 SE 55 Ave Rd
Suite, Apt. #, etc. # 803	Suite, Apt. #, etc. # 803
City & State: Belleview FL	City & State: Belleview FL
Zip: 34420 Country: Marion	Zip: 34420 Country: Marion

4. FEI Number: 04-3742707 ☐ Applied For ☐ Not Applicable

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: 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

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 [signature] 2/6/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	MGRM	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	VAN VORCE, LOWELL JR.		NAME		
STREET ADDRESS	~~13129 SE 49TH CT~~		STREET ADDRESS	11191 SE 55 Ave Rd #803	
CITY-ST-ZIP	~~BELLEVIEW FL 34~~420		CITY-ST-ZIP	Belleview FL 34420	
TITLE	MGRM	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	VAN VORCE, DIANE S		NAME		
STREET ADDRESS	~~13129 SE 49TH~~ CT		STREET ADDRESS	11191 SE 55 Ave Rd #803	
CITY-ST-ZIP	~~BELLEVIEW FL~~ 34420		CITY-ST-ZIP	Belleview FL 34420	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 2/6/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #