


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90036 014 ****50.00

DOCUMENT # L03000000472	
1. Entity Name ELMAC, LLC	

Principal Place of Business 11900 BISCAYNE BLVD., #801 NORTH MIAMI, FL 33181	Mailing Address 11900 BISCAYNE BLVD., #801 NORTH MIAMI, FL 33181
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2. Principal Place of Business - No P.O. Box # 1111 Park Centre Blvd	3. Mailing Address 1111 Park Centre Blvd
Suite, Apt. #, etc. #360	Suite, Apt. #, etc. #360
City & State miami FL	City & State miami FL
Zip 33169	Country USA



04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number
35-2200677

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SANFORD N. REINHARD, P.A.
2875 NE 191 ST #404
AVENTURA, FL 33180**

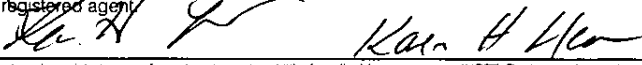
7. Name and Address of New Registered Agent

Name **Karen H. Hleva**

Street Address (P.O. Box Number is Not Acceptable)
1111 Park Centre Blvd #360

City **miami** FL Zip Code **33169**

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  **Karen H. Hleva** DATE **4-16-07**

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTFIELD FINANCIAL CORP., INC 11900 BISCAYNE BLVD, #801 N. MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	m6rm Westfield Financial Corp Inc 1111 Park Centre Blvd #360 miami FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUTLER RIDGE REGIONAL CENTER, LTD 11900 BISCAYNE BOULEVARD #801 NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	m6rm Cutler Ridge Regional Center Ltd 1111 Park Centre Blvd #360 miami FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  **Karen H. Hleva** DATE **4-16-07** 3058998189

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