

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001752

FILED  
Jan 16, 2004  
Secretary of State

Entity Name: ELEVANT LC

**Current Principal Place of Business:**

9429 HARDING AVENUE  
SUITE #06  
BAL HARBOUR, FL 33154 US

**New Principal Place of Business:**

**Current Mailing Address:**

9429 HARDING AVENUE  
SUITE #06  
BAL HARBOUR, FL 33154 US

**New Mailing Address:**

FEI Number: 30-0145912      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GAUQUIER, DIMITRI  
9049 BYRON AVENUE  
SURFSIDE, FL 33154 US

**Name and Address of New Registered Agent:**

GAUQUIER, DIMITRI  
9429 HARING AVENUE #6  
MIAMI, FL 33154 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

01/16/2004

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: GAUQUIER, DIMITRI  
Address: 9049 BYRON AVENUE  
City-St-Zip: SURFSIDE, FL 33154 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GAUQUIER, DIMITRI  
Address: 9429 HARDING AVENUE #6  
City-St-Zip: MIAMI, FL 33154 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DIMITRI GAUQUIER

MGRM

01/16/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date