## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000002479

1. Entity Name

ELITE PROPERTIES GROUP, LLC



FILED Mar 24, 2006 08:00 AM Secretary of State

Principal Place of Business

943 FT. KING STREET OCALA, FL 34471 Mailing Address

943 FT. KING STREET OCALA, FL 34471



## DO NOT WRITE IN THIS SPACE

01142006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4239008 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

FORE, MERRITT C 943 FT. KING STREET OCALA, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZP

## DO NOT WRITE IN THIS SPACE

		{		
	named entity submits this statement for the purpose of chailons of registered agent.	nging its registered office or registered agent, or t	ooth, in the State of Florida. I am familiar with, and eccept	
SIGNATURE.	Signature, typed or printed name of registered agent and ritle if applicable.	(NOTE: Represent Agent signature required when reinstaticy)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2008			
9.	MANAGING MEMBERS/MANAGERS		LBC ነውሮንናውን ለ መሆን ውን	
Title Name Sineet address City-St-Zip	P FORE, MERRITT C JR 1109 SE 5TH ST OCALA, FL 34471		00000479322 04/08/06-80044-006 <b>50.00</b>	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	S NEEDHAM, KAREN F 2139 SE 7TH TERR OCALA, FL 34471			
TITLE MAAME STREET ADDRESS CITY-ST-ZIP		DC	DO NOT WRITE IN THIS SPACE	
TITLE NAME STRIET ADDRESS CITY-ST-ZIP		IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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 it 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: Law F. Needham

3-22-06

352-732-7597

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

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