
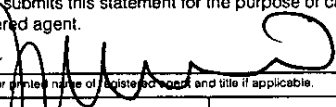
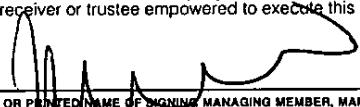


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90048 035 ****50.00

DOCUMENT # L03000006336 1. Entity Name ELENI, LLC					
Principal Place of Business 5210 WEBB ROAD TAMPA, FL 33615			Mailing Address 5210 WEBB ROAD TAMPA, FL 33615		
2. Principal Place of Business 767 Bay Esplanade <small>Suite, Apt. #, etc.</small>		3. Mailing Address 767 Bay Esplanade <small>Suite, Apt. #, etc.</small>			
City & State Clearwater, FL <small>Zip</small> 33767 <small>Country</small> USA		City & State Clearwater, FL <small>Zip</small> 33767 <small>Country</small> USA		4. FEI Number 34-1975411	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VASILOUDES, PANAYIOTIS 5210 WEBB ROAD TAMPA, FL 33615					
7. Name and Address of New Registered Agent Name Panos Vasilouides Street Address (P.O. Box Number is Not Acceptable) 767 Bay Esplanade City Clearwater FL <small>Zip Code</small> 33767					
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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VASILOUDES, PANAYIOTIS 5210 WEBB ROAD TAMPA, FL 33615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm panos Vasilouides 767 Bay Esplanade Clearwater FL 33767	<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
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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 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 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

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04042005 Chg-LLC CR2E083 (10/03)