2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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04-07-2004 90352 010 ****50.00
L03000015210

FILED
2004 APR 27 AM 8:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L03000015210

1. Entity Name
ELEGANCE IN THE ACREAGE, LLC

Principal Place of Business	Mailing Address
6600 DUCKWEED RD. LAKE WORTH FL 33467	6600 DUCKWEED RD. LAKE WORTH FL 33467

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
7070 Seminole Pratt Whitney Rd.	
Suite, Apt. #, etc. Suite 5	Suite, Apt. #, etc.
City & State Loxahatchee, FL	City & State
Zip 33470 Country USA	Zip Country

4. FEI Number
55-0828518
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BECK, SONJA 6600 DUCKWEED RD. LAKE WORTH FL 33467	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	Gene Vertkin 6600 Duckweed Rd. Lake Worth FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	Sonja Beck 6600 Duckweed Rd. Lake Worth, FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	Stacey Beck 17895 83rd Place North Loxahatchee, FL 33470	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Sonja Beck 04-02-04 561-790-5772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #