2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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



FILED Apr 15, 2005 8:00 am Secretary of State 04-15-2005 90022 016 ****50.00

Daytime Phone #

Date

DOCUMENT # L0300026034 1. Entity Name ELITE GROUP INVESTMENTS LLC			-			04-15-2005 90022 016 ****50.00			
Principal Place	e of Business	Mailing Address					5 r		
Principal Place of Business 2701 SOUTH BAYSHORE DR., STE 403 COCONUT GROVE, FL 33133		2701 SOUTH BAYSHORE DR., STE 403 COCONUT GROVE, FL 33133							
2. Principal P	lace of Business	3. Mailing Address							
		Suite, Apt. #, etc.				19196 JIII 80111 69111 001	ii obilo libla dil	II MAKMU ENIKA MIM	1881 111 1881
Suite, Apt. #, etc.					01132005	5.122333 (13.35)			
City & State		City & State		4. FEI Number 20-0095				phied For at Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired		5.00 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F		•	
CUDIAN	IODOC			Name					
	CE DE LEON BLVD, STE 600 ABLES, FL:33134	Street Addre		Street Address	s (P.O. Box Numbe	r is Not Acceptable	е)		
	e e		i	City				Zip Cod	
							FL		
	named entity submits this statement to ions of registered agent.	or the purpose of changing its	s registere	ed office or regist	tered agent, or both	i, in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature requi	ired when reinstating)		DATE		
SIGNATURE .	्री १ .स.इ. १	and title if applicable. (NOI	E: Registere	d Agent signature requi	ired when reinstating)		DATE se check pa a Departme		
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