

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90040 041 \*\*\*\*50.00

<b>DOCUMENT # L03000026511</b> 1. Entity Name ELOY THREE HUNDRED, LLC			
Principal Place of Business 12730 NEW BRITTANY BLVD. STE 407 FORT MYERS, FL 33907		Mailing Address 12730 NEW BRITTANY BLVD. STE 407 FORT MYERS, FL 33907	
2. Principal Place of Business - No P.O. Box # <b>6296 CORPORATE COURT</b> Suite, Apt. #, etc. <b>B-102</b>		3. Mailing Address <b>6296 CORPORATE COURT</b> Suite, Apt. #, etc. <b>B-102</b>	
City & State <b>FT. MYERS FL</b>		City & State <b>FT. MYERS FL</b>	
Zip <b>33919</b>	Country <b>USA</b>	Zip <b>33919</b>	Country <b>USA</b>
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		04132007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>LOGUE, PATRICK</b> <b>12730 NEW BRITTANY BLVD.</b> <b>STE 407</b> <b>FORT MYERS, FL 33907</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>6296 CORPORATE COURT B-102</b> City <b>FT. MYERS FL</b> Zip Code <b>33919</b>	
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 <u><i>Patrick Logue</i></u> DATE <u>4-15-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOGUE, PATRICK 12730 NEW BRITTANY BLVD., STE 407 FORT MYERS, FL 33907	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6296 CORPORATE COURT B-102</b> <b>FT. MYERS, FL 33919</b>
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
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 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 if made under oath; that I am a managing member or manager of the limited liability company or the receiver, trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: <u><i>Patrick Logue</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4-15-07</u> Daytime Phone # <u>239-333-1137</u>	

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