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Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90072 017 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000027753

1. Entity Name
ELLIOTT BROTHERS INVESTMENTS, L.L.C.

Principal Place of Business
1523 EDEN ISLE BLVD. N.E., APT 335
ST PETERSBURG, FL 33704-1722

Mailing Address
1523 EDEN ISLE BLVD. N.E., APT 335
ST PETERSBURG, FL 33704-1722

24057484

04162004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business
1917 76th AVE N
Suite, Apt. #, etc.
City & State: ST PETERSBURG, FLORIDA
Zip: 33702 Country: PINELLAS

3. Mailing Address
1917 76th AVE N
Suite, Apt. #, etc.
City & State: ST PETERSBURG, FLORIDA
Zip: 33702 Country: PINELLAS

4. FEI Number: 14-1891392 [Applied For] [Not Applicable]

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

6. Name and Address of Current Registered Agent
ELLIOTT, JUSTIN S
1523 EDEN ISLE BLVD. NE, APT 335
ST PETERSBURG, FL 33704-1722

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUSTIN ELLIOTT 1917 76th AVE N. ST PETERSBURG, FLORIDA, 33702 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONATHAN ELLIOTT 1917 76th AVE N ST PETERSBURG, FL, 33702 ☑ 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
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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: _____ 4/23/04 727-[illegible]-1934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #