APR 16 2004 12:29 SHAVER & STOFFELS, P.A. 7

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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.

24057484

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

04162004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1917 76th AVE N	1917 76th AVE N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST PETERSBURG, FLORIDA	City & State: ST PETERSBURG, FLORIDA
Zip: 33702 Country: PINELLAS	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 MGRM NAME JUSTIN ELLIOTT STREET ADDRESS 1917 76th AVE N, CITY-ST-ZIP ST PETERSBURG, FLORIDA, 33702	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME JONATHAN ELLIOTT STREET ADDRESS 1917 76th AVE N CITY-ST-ZIP 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
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: [signature] 4/23/04 727-BAA-1934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #