


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90014 019 \*\*\*\*50.00

<b>DOCUMENT # L03000030383</b>	
1. Entity Name <b>EL-VEE, LLC</b>	

Principal Place of Business <b>515 NORTH FLAGLER DR, STE 1900 WEST PALM BEACH FL 33401</b>	Mailing Address <b>515 NORTH FLAGLER DR, STE 1900 WEST PALM BEACH FL 33401</b>
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2. Principal Place of Business <b>12158 NW 24th Street</b>	3. Mailing Address <b>12158 NW 24th Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Coral Springs, FL</b>	City & State <b>Coral Springs, FL</b>
Zip <b>33065</b>	Country <b>USA</b>

4. FEI Number <b>14-1904374</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CASEY, PATRICK J ESQ 515 NORTH FLAGLER DR, STE 1900 WEST PALM BEACH FL 33401</b>	
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7. Name and Address of New Registered Agent Name <b>HELEN JEAN VRENJAK</b> Street Address (P.O. Box Number is Not Acceptable) <b>12158 NW 24th Street</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33065</b>	
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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 <i>Helen Jean Vrenjak</i> DATE <b>5/1/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Helen Jean Vrenjak 12158 NW 24th Street Coral Springs, FL 33065 <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
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 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: <i>Helen Jean Vrenjak</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <b>5/1/04</b> Daytime Phone # <b>954 752 3156</b>