

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035732

FILED
May 01, 2005
Secretary of State

Entity Name: 429E-THE ELEMENTS LLC

Current Principal Place of Business:

429 WILSON AVE
OVIEDO, FL 32762

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 621581
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 02-0713380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MITCHELL, ANTHONY L JR.
7834 PINE CROSSINGS CIRCLE APT 1221
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

MITCHELL, ANTHONY L JR.
735 ALDERWOOD AVENUE
DELTONA, FL 32738 US

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.

SIGNATURE:

05/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MITCHELL, AUSTIN R
Address: 429 WILSON AVE
City-St-Zip: OVIEDO, FL 32762

Title: MGRM () Delete
Name: MITCHELL, ANTHONY L JR.
Address: 7834 PINE CROSSINGS CIRCLE APT 1221
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MITCHELL, ANTHONY L JR.
Address: 735 ALDERWOOD AVENUE
City-St-Zip: DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: AUSTIN R. MITCHELL

MGRM

05/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date