

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-16-2004 90173 028 ****50.00

DOCUMENT # L03000041041					
1. Entity Name ELKTON, LLC					
Principal Place of Business 6210 SAN JOSE BLVD. WEST JACKSONVILLE, FL 32217			Mailing Address 6210 SAN JOSE BLVD. WEST JACKSONVILLE, FL 32217		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01152004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 56-2406889				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				56-2406889	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOLBROOK, H. LEON ESQ. ONE INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE, FL 32202			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 _____ (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	MGR SKINNER, C. BRIGHTMAN 6210 SAN JOSE BLVD. WEST JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SKINNER, C. BRIGHTMAN 6210 SAN JOSE BLVD. WEST JACKSONVILLE, FL 32217	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SKINNER, C. BRIGHTMAN 6210 SAN JOSE BLVD. WEST JACKSONVILLE, FL 32217	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SKINNER, C. BRIGHTMAN 6210 SAN JOSE BLVD. WEST JACKSONVILLE, FL 32217	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SKINNER, C. BRIGHTMAN 6210 SAN JOSE BLVD. WEST JACKSONVILLE, FL 32217	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SKINNER, C. BRIGHTMAN 6210 SAN JOSE BLVD. WEST JACKSONVILLE, FL 32217	<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>C. Brightman Skinner</i> C. BRIGHTMAN SKINNER		Date: <i>3/15/04</i> Daytime Phone #			