



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90131 032 ****50.00

DOCUMENT # L03000044155			
1. Entity Name ELBOW CAY INVESTMENTS, LLC			
Principal Place of Business 2437 S.E. 17TH STREET, SUITE 102 OCALA, FL 34471		Mailing Address 2437 S.E. 17TH STREET, SUITE 102 OCALA, FL 34471	
2. Principal Place of Business 2102 SW 20th Place		3. Mailing Address P. O. Box 6978	
Suite, Apt. #, etc. Suite #303		Suite, Apt. #, etc.	
City & State Ocala, FL		City & State Ocala, FL	
Zip 34474	Country US	Zip 34478	Country US
6. Name and Address of Current Registered Agent EHLERS, BRIAN E 2437 S.E. 17TH STREET, SUITE 102 OCALA, FL 34471		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1803 SE 85th Street Rd City Ocala FL Zip Code 34480	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EHLERS, BRIAN E 1803 S.E. 85TH STREET ROAD OCALA, FL 34480 <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
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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: 		7-6-04 352-861-4333	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

14025268



07072004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1209818

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