


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
04 SEP -3 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000055386 1. Entity Name ELSADA ENTERPRISES, LLC					
Principal Place of Business 9845 KEVAI CT. TALLAHASSEE, FL 32311		Mailing Address 9845 KEVAI CT. TALLAHASSEE, FL 32311			
2. Principal Place of Business Suite, Apt. #, etc. 9845 KEVAI		3. Mailing Address Suite, Apt. #, etc. 9845 KEVAI		09032004 Chg-LLC CR2E083 (10/03)	
City & State Tallahassee FL		City & State Tallahassee FL		4. FEI Number 371481005	
Zip 32311		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOGANS, EMANUEL 9845 KEVAI CT. TALLAHASSEE, FL 32311				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 MGRM	NAME LOGANS, EMMANUEL	<input checked="" type="checkbox"/> Delete	TITLE MGRM	NAME LOGANS, EMANUEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9845 KEVAI CT.	TALLAHASSEE, FL 32311		STREET ADDRESS 9845 KEVAI CT	TALLAHASSEE, FL	
CITY-ST-ZIP TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete		CITY-ST-ZIP TALLAHASSEE, FL	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	