

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05 APR 26 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04262005 Chg-LLC CR2E083 (10/03)

4. FEI Number **37-1481005** Applied For   
Not Applicable

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

DOCUMENT # L03000055386

1. Entity Name  
**ELSADA ENTERPRISES, LLC**  
*Elsada*



Principal Place of Business: 9845 KENAI, TALLAHASSEE, FL 32311

Mailing Address: 9845 KENAI, TALLAHASSEE, FL 32311

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**LOGANS, EMANUEL**  
9845 KENAI  
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

City: \_\_\_\_\_ State: **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, 2005**

\_\_\_\_\_

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LOGANS, EMMANUEL	
STREET ADDRESS	9845 KENAI	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	

10. ADDITIONS/CHANGES

TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	

200052148442  
04/26/05--01044--020 \*\*\*75.00

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: *Emanuel Logans* Date: *4-26-05* (850) 510-7855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #