

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2008 FEB 20 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # L03000055386</b> 1. Entity Name <b>ELSHADA ENTERPRISES LLC</b>							
Principal Place of Business <b>9845 KENAI TALLAHASSEE, FL 32311</b>		Mailing Address <b>9845 KENAI TALLAHASSEE, FL 32311</b>					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country		02202008    Chg-LLC    CR2E083 (12/06)			
4. FEI Number <b>37-1481005</b>		Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required					
<b>6. Name and Address of Current Registered Agent</b>  <b>LOGGINS, EMANUEL 9845 KENAI TALLAHASSEE, FL 32311</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOGGINS, EMMANUEL 9845 KENAI TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700118963407 02/28/08--01003--002    **138.75	<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	
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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 exemptions contained in Chapter 119, 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.							
<b>SIGNATURE:</b> <i>Emmanuel Loggins</i>			Date: <i>2-20-08</i>		Daytime Phone #: <i>510-7555</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							