

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002817

Entity Name: EL VEDAOD, L.L.C.

FILED
Jan 29, 2005
Secretary of State

Current Principal Place of Business:

2500 NORTH FEDERAL HIGHWAY STE. 100
FORT LAUDERDALE, FL 33305

New Principal Place of Business:

901 SOUTH FEDERAL HIGHWAY STE. 201
FORT LAUDERDALE, FL 33316

Current Mailing Address:

2500 NORTH FEDERAL HIGHWAY STE. 100
FORT LAUDERDALE, FL 33305

New Mailing Address:

901 SOUTH FEDERAL HIGHWAY STE. 201
FORT LAUDERDALE, FL 33316

FEI Number: 59-3779205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSON, DANIEL A
2500 NORTH FEDERAL HIGHWAY STE. 100
FORT LAUDERDALE, FL 33305 US

Name and Address of New Registered Agent:

JACOBSON, DANIEL A
901 SOUTH FEDERAL HIGHWAY STE. 201
FORT LAUDERDALE, FL 33316 US

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.

SIGNATURE:

01/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: JACOBSON, DANIEL A
Address: 2500 NORTH FEDERAL HIGHWAY STE. 100
City-St-Zip: FORT LAUDERDALE, FL 33305

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JACOBSON, DANIEL A
Address: 901 SOUTH FEDERAL HIGHWAY STE. 201
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DANIEL A JACOBSON

MGR

01/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date