


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90077 015 \*\*\*\*50.00

<b>DOCUMENT # L04000008645</b> 1. Entity Name MISS ELAINEOUS/ELAINE SUBER LLC					
Principal Place of Business 1150 E TENNESSEE ST TALLAHASSEE, FL 32308			Mailing Address 526 COLLINS DR TALLAHASSEE, FL 32303		
2. Principal Place of Business 614 Truett Drive Suite, Apt. #, etc.		3. Mailing Address 614 Truett Drive Suite, Apt. #, etc.			
City & State Tallahassee		City & State Tallahassee		4. FEI Number 861095185	
Zip 32303		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  SUBER, ELAINE C 1150 E TENNESSEE ST TALLAHASSEE, FL 32303			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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</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	YGRM SUBER, ELAINE C 526 COLLINS DR TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	YGRM Suber, Elaine C 614 Truett Dr Tallahassee FL 32303
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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.					
<b>SIGNATURE:</b> <u>Elaine C. Suber</u>				1-26-05 850-443-1055	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	