2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# L04000016484

Entity Name: ELKINS ENTERPRISES, LLC

Current Principal Place of Business:

15846 NE SANDERS STREET
HOSFORD, FL 32334

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 266
HOSFORD, FL 32334

New Mailing Address:

P.O. BOX 213
HOSFORD, FL 32334

FEI Number: 20-0709250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELKINS, MICHELLE E
15846 NE SANDERS STREET
HOSFORD, FL 32334 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: ELKINS, MICHELLE E
Address: P.O. BOX 266
City-St-Zip: HOSFORD, FL 32334

Title: MGRM ( ) Delete
Name: ELKINS, AARON M II
Address: P.O. BOX 266
City-St-Zip: HOSFORD, FL 32334

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHELLE ELKINS MGRM 04/27/2005

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