2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016484

Entity Name: ELKINS ENTERPRISES, LLC

FILED Mar 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15846 NE SANDERS STREET 15827 NE PEDDIE STREET HOSFORD, FL 32334 HOSFORD, FL 32334

Current Mailing Address: 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: Name and Address of New Registered Agent:

ELKINS, MICHELLE E

15846 NE SANDERS STREET

HOSFORD, FL 32334 US

ELKINS, MICHELLE E

15827 NE PEDDIE STREET

HOSFORD, FL 32334 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: 03/22/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

 Title:
 MGRM () Delete

 Name:
 ELKINS, MICHELLE E

 Address:
 15846 NE SANDERS STREET

 City-St-Zip:
 HOSFORD, FL 32334

Title: MGRM () Delete Name: ELKINS, AARON M II

Address: 15846 NE SANDERS STREET
City-St-Zip: HOSFORD, FL 32334

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition Name: ELKINS, MICHELLE E Address: 15827 NE PEDDIE STREET

City-St-Zip: HOSFORD, FL 32334

Title: MGRM (X) Change () Addition

 Name:
 ELKINS, AARON M II

 Address:
 15827 NE PEDDIE STREET

 City-St-Zip:
 HOSFORD, FL 32334

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 03/22/2007