



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000018014</b> 1. Entity Name <b>ELMO INVESTMENTS, L.L.C.</b>	
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Principal Place of Business <b>5800 COLONIAL DR SUITE 403 MARGATE, FL 33063</b>	Mailing Address <b>5800 COLONIAL DR SUITE 403 MARGATE, FL 33063</b>
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**DO NOT WRITE IN THIS SPACE**



02272008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-0832967</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**KRAMER, ROBERT M  
4000 HOLLYWOOD BLVD, STE 485-SOUTH  
HOLLYWOOD, FL 33021**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR EL-SAYED, MOHAMED 5800 COLONIAL DR SUITE 403 MARGATE, FL 33063</b>
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U00000844560  
03/13/08-80004-001 138.75

**DO NOT WRITE  
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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.

**SIGNATURE:**  **2/29/08 (954) 724 3470**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #