2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # L04000023080 1. Entity Name ELYSIUM USA LLC						04-12-2005 9	90018 04:	l ****50	0.00
Principal Place of Business 505 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411		Mailing Address 6524 COMPASS ROSE CT. WEST PALM BEACH, FL 33411			A600319A				
2. Principal Pi	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Sulta, Apt. #, etc.		02062005	Chg-ILC	CR2E08	3 (10/03)		
City & State		City & State			4. FEI Number 20-0911778			piled For X Applicable	
Zip	Countrý	Zip	Court	try	5. Certificate	of Status Desired	_ \$	5.00 Add so Require	litionzi d
	6. Name and Address of Current I	Registered Agent		Name	7. Name and	Address of New R	egistered Ap	ent	
	N, AUBIN W			Streat Address (P.O. Box Number is Not Acceptable)					
	L'PALM BEACH BLVD. ILM BEACH, FL. 33411			Surest Address (1.0. Cox remitter is not Acceptable)					
•				City		·	FL	Zip Cod	e .
	named entity submits this statement to	r the purpose of changing its	registeri	l ed office or register	red agent, or bo	th, in the State of Fic		miliar with,	and accept
the obligations of registered agent.									
SIGNATURE Squaure, lyped or printed nume of registered agent and title 4 applicables. (NOTE Prepared Agent segreture required when remaining) DATE									
FI De	ling Fee is \$50.00 ue by May 1, 2005					e check pa Departme		· ·	
9.	MANAGING MEMBE		10.			ADDITIONS/			
title Name	SMITH, MIGUEL	☐ Detete	TITLE	- I				C) C) Sauce	☐ Addition
STREET ADDRESS CITY-ST-ZIP	8524 COMPASS ROSE CT. WEST PALM BEACH, FL 33411			ET ADDRESS - ST- ZDP					
TITLE NAME		☐ Delete	IIII					Change	☐ Addition
STREET ADDRESS CITY-ST-ZP				ZT ADDRESS -ST-ZIP					
τπιε		☐ Delete	IIIL			_		Change	Addition
HAME STREET ACCRESS CITY-ST-ZEP		•		ET ADORESS -ST-ZIP	•				
mre	· · · · · · · · · · · · · · · · · · ·	☐ Defets	шп	<u> </u>		-	- ·	Charge	Addition-
NAME STREET ADDRESS CITY-ST-ZIP				E DET ADDRESS '-ST-ZP'					
TITLE		☐ Oelete	- I					Change	Addition.
NAME STREET ADDRESS			NAM	E ET ADDRESS					
CITY-ST-ZIP			•	-S1-ZP					
ME		☐ Delete	TITL	I				Change	Addition
STREET ACCRESS			STRE	EET ADORESS					
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information inclinated on the count is true and accurate and that my signature shall have the same legal effect as if minds under onth; that I am a managing member or managing of the									
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under ceth; 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: MIGHEL STOTTH APRIL 8/05 561-3179633									