

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025657

FILED
Apr 29, 2005
Secretary of State

Entity Name: ELOIM, LLC

Current Principal Place of Business:

7540 OMNI LANE
#304
FORT MYERS, FL 33905

New Principal Place of Business:

5378 HAWKS LANDING DR
302
FORT MYERS, FL 33907

Current Mailing Address:

7540 OMNI LANE
#304
FORT MYERS, FL 33905

New Mailing Address:

5378 HAWKS LANDING DR
#302
FORT MYERS, FL 33907

FEI Number: 87-0723642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMOES, FERNANDO B
7540 OMNI LANE
#304
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

SIMOES, FERNANDO B
5378 HAWKS LANDING DR
#302
FORT MYERS, FL 33907 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: FERNANDO B SIMOES

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SANTANA, ALESSANDRA R
Address: 7540 OMNI LANE #304
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SANTANA, ALESSANDRA R
Address: 5378 HAWKS LANDING DR #302
City-St-Zip: FORT MYERS, FL 33907

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: SIMOES, FERNANDO B
Address: 5378 HAWKS LANDING DR #302
City-St-Zip: FORT MYERS, FL 33907

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: ALESSANDRA SANTANA

MGRM

04/29/2005

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