## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000026701

1. Entity Name

**ELYTE CUSTOM HOMES LLC** 



Mailing Address

590 WILLOWGREEN LANE TITUSVILLE, FL 32780 US

Principal Place of Business

590 WILLOWGREEN LANE TITUSVILLE, FL 32780 US FILED
Apr 16, 2008 08:00 A
Secretary of State



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03202008 No Chg-LLC CR2E083 (12/07)

4.	FEI Number	l_	Applied For
	76-0753998	E	Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Re	Additional quired

and the second of the second o

6. Name and Address of Current Registered Agent

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

ELY, PATRICIA A 590 WILLOWGREEN LANE TITUSVILLE, FL 32780

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its re	gistered office o	r registered age	nt, 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)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000900855 04/29/08-80046-004 138.75

<b>3</b> .	IMANAGING INEMBERS/IMANAGERS			
TITLE NAME STREET ADDRESS CITY - ST-ZIP	MGR ELY, ROBERT P 590 WILLOWGREEN LANE TITUSVILLE, FL 32780			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELY, PATRICIA A 590 WILLOWGREEN LANE TITUSVILLE, FL 32780			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME  STREET ADDRESS  CITY-ST-ZIP	Example 16 The Control of the Contro			
11. I hereby certify that the information supplied with this filing does not qualify for the ex-				

DO NOT WRITE IN THIS SPACE

1.27 14. · 对"你让别的主义"("275)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/13/08

321-432-4598

Daytime Phone #