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Secretary of State

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000029068

Ck # 101 4/4/05

1. Entity Name
ELMWW LLC

Principal Place of Business	Mailing Address
201 25TH AVENUE SOUTH, APT N8 JACKSONVILLE BEACH, FL 32250	201 25TH AVENUE SOUTH, APT N8 JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 2120 S. 1st St.	P.O. Box 50338 Suite, Apt. #, etc.:
City & State: Jacksonville Beach	City & State: Jax Bch, FL
Zip: 32250 Country: USA	Zip: 32240 Country: USA

4. FEI Number: 20-1047165 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JOSEPH D. ECKSTEIN 2120 S. 1ST ST JACKSONVILLE BCH, FL 32250	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BART A. WALCHLE 1506 ROBERTS DR JACKSONVILLE BCH, FL 32250	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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] 4-4-05 904-249-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #