

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

04-15-2005 90018 039 ****50.00

DOCUMENT # L04000032712 1. Entity Name ELITE FINANCIAL SOLUTIONS, LLC																																																					
Principal Place of Business 2406 NW 7 STREET FORT LAUDERDALE, FL 33311		Mailing Address 2406 NW 7 STREET FORT LAUDERDALE, FL 33311																																																			
2. Principal Place of Business 2400 E LAS OLAS BLVD Suite, Apt. #, etc. H-169		3. Mailing Address 2400 E LAS OLAS BLVD Suite, Apt. #, etc. H-169																																																			
City & State FORT LAUDERDALE		City & State FORT LAUDERDALE, FL																																																			
Zip 33301-1529	Country USA	Zip 33301-1529	Country USA																																																		
6. Name and Address of Current Registered Agent WARD, PHILIP 2406 NW 7 STREET FORT LAUDERDALE, FL 33311		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																					
4. FEI Number 75-3191171 <div style="float: right; text-align: right;"> Applied For <input type="checkbox"/> Not Applicable </div>																																																					
03092005 Chg-LLC CR2E083 (10/03)																																																					
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 re-registering) _____ DATE _____																																																					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>WARD, PHILIP</td> <td>2406 NW 7 STREET</td> <td>FORT LAUDERDALE, FL 33311</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		WARD, PHILIP	2406 NW 7 STREET	FORT LAUDERDALE, FL 33311		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: PHILIP WARD		Date 4-11-05 Daytime Phone # 954-448-8722																																																			