2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# L04000032877

Entity Name: ELIMINATORIAS, LLC

Current Principal Place of Business:

1001 IVES DAIRY RD.
#202
MIAMI, FL 33179 FL

New Principal Place of Business:

PO BOX 223157
HOLLYWOOD, FL 33022 FL

Current Mailing Address:

1001 IVES DAIRY RD.
#202
MIAMI, FL 33179 FL

New Mailing Address:

PO BOX 223157
HOLLYWOOD, FL 33022 FL

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARNOLD, RICHARD M
1001 IVES DAIRY RD.
#202
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

ARNOLD, RICHARD M
PO BOX 223157
HOLLYWOOD, FL 33022 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: 04/27/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: WERNICK, BARRY
Address: 18181 NE 31ST CT.
City-St-Zip: AVENTURA, FL 33160 US

Title: MGRM ( ) Delete
Name: ARNOLD, RICHARD M
Address: 1985 S. OCEAN DR.
City-St-Zip: HALLANDALE, FL 33009 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WERNICK, BARRY
Address: PO BOX 223157
City-St-Zip: HOLLYWOOD, FL 33022 US

Title: MGRM (X) Change ( ) Addition
Name: ARNOLD, RICHARD M
Address: PO BOX 223157
City-St-Zip: HOLLYWOOD, FL 33022 US

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: RICHARD ARNOLD MGRM 04/27/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date