

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046148

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: ELBUES, LLC

**Current Principal Place of Business:**

2505 S. ORANGE AVENUE  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

2505 S. ORANGE AVENUE  
ORLANDO, FL 32806 US

**New Mailing Address:**

FEI Number: 20-1327024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PICCARD, ESTEBAN  
3489 FOX HOLLOW DR  
ORLANDO, FL 32829 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MILLER, JEFFREY A  
Address: 5888 AUVERS BLVD., APT. 104  
City-St-Zip: ORLANDO, FL 32807 US

Title: MGR ( ) Delete  
Name: PICCARD, ESTEBAN  
Address: 3489 FOX HOLLOW DRIVE  
City-St-Zip: ORLANDO, FL 32829 US

Title: MGR ( ) Delete  
Name: PICCARD, ELIAS  
Address: 2826 AFTON CIRCLE  
City-St-Zip: ORLANDO, FL 32825 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JEFFERY A. MILLER

MGR

04/29/2005

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