
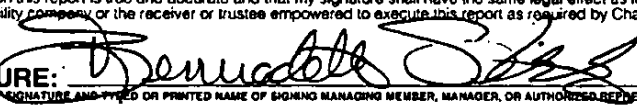


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 10, 2005 8:00 am
Secretary of State

07-13-2005 90110 002 ****50.00

DOCUMENT # L04000047979				
1. Entity Name ELITTOS PROPERTIES, LLC				
Principal Place of Business 366 FERNLEAF AVENUE SUITE #2 SEBRING, FL 33870			Mailing Address 366 FERNLEAF AVENUE SUITE #2 SEBRING, FL 33870	
2. Principal Place of Business			3. Mailing Address	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	
City & State			City & State	
Zip	Country	Zip	Country	4. FEI Number 20-1298006
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
SOTTILE, JAMES 366 FERNLEAF AVENUE SUITE #2 SEBRING, FL 33870			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MEM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOTTILE, JAMES	NAME		
STREET ADDRESS	366 FERNLEAF AVENUE, SUITE #2	STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33870	CITY-ST-ZIP		
TITLE	MEM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOTTILE, BERNADETTE	NAME		
STREET ADDRESS	366 FERNLEAF AVENUE, SUITE #2	STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33870	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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: 			Date: 7/7/05 803-471-0777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #	

30010541



07012005 Chg-LLC CR2E083 (10/03)