


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90300 032 \*\*\*\*50.00

<b>DOCUMENT # L04000057807</b> 1. Entity Name <b>ELIDIN ENTERPRISES, LLC</b>					
Principal Place of Business <b>C/O MAHOGANY SERVICES, INC.          6700 N.W. BROKEN SOUND PKWY, STE 203          BOCA RATON, FL 33487</b>			Mailing Address <b>21 SE 5TH ST          STE 100          BOCA RATON, FL 33432</b>		
2. Principal Place of Business - No P.O. Box # <b>21 SE 5TH STREET</b>		3. Mailing Address <b>21 SE 5TH STREET</b>			
Suite, Apt. #, etc. <b>#100</b>		Suite, Apt. #, etc. <b>#100</b>			
City & State <b>BOCA RATON</b>		City & State <b>BOCA RATON</b>			
Zip <b>33432</b>		Country <b>FLORIDA</b>		Zip <b>33432</b>	
Country <b>FLORIDA</b>		4. FEI Number <b>20-1474923</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>ELIAS, HOWARD          21 S.E. 5TH ST          STE 100          BOCA RATON, FL 33432</b>			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;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIAS, HOWARD 21 S.W. 5TH ST., STE 100 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIAS, CINDY 21 S.E. 5TH ST., STE 100 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DINGLE, STEVEN 21 S.E. 5TH ST., STE 101 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DINGLE, SCOTT 21 S.E. 5TH ST., STE 101 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DINGLE, SCOTT 21 S.E. 5TH ST., STE 101 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DINGLE, SCOTT 21 S.E. 5TH ST., STE 101 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DINGLE, SCOTT 21 S.E. 5TH ST., STE 101 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Howard Elias - MGRM</u> Date: <u>1/7/07</u> Daytime Phone #: <u>561-9976453</u>					