

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065145

**FILED**  
**Jan 05, 2006**  
**Secretary of State**

**Entity Name:** ELITE EVENT PLANNING, LLC

**Current Principal Place of Business:**

215 S. HOWARD AVENUE  
SUITE C  
TAMPA, FL 33606 US

**New Principal Place of Business:**

701 S. HOWARD AVENUE  
SUITE 106  
TAMPA, FL 33606 US

**Current Mailing Address:**

215 S. HOWARD AVENUE  
SUITE C  
TAMPA, FL 33606 US

**New Mailing Address:**

701 S. HOWARD AVENUE  
SUITE 106  
TAMPA, FL 33606 US

**FEI Number:** 16-1706809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BRANNAN, MEISHA L  
215 S. HOWARD AVENUE  
SUITE C  
TAMPA, FL 33606 US

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

BRANNAN, MEISHA L  
215 S. HOWARD AVENUE  
SUITE 106  
TAMPA, FL 33606 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: MEISHA BRANNAN

01/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BRANNAN, MEISHA L  
Address: 215 S. HOWARD AVENUE, SUITE C  
City-St-Zip: TAMPA, FL 33606 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BRANNAN, MEISHA L  
Address: 701 S. HOWARD AVENUE, SUITE 106  
City-St-Zip: TAMPA, FL 33606 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MEISHA BRANNAN

MGRM

01/05/2006

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