

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072999

**FILED**  
**Feb 28, 2007**  
**Secretary of State**

**Entity Name:** ELKTON 2500, LLC

**Current Principal Place of Business:**

5022 GATE PARKWAY  
#200  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

39 EAST EAGLERIDGE DRIVE  
SUITE 102  
NORTH SALT LAKE, UT 84054 US

**New Mailing Address:**

**FEI Number:** 86-0890979      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: NELSON, SCOTT  
Address: 39 EAST EAGLERIDGE DRIVE, SUITE 102  
City-St-Zip: NORTH SALT LAKE, UT 84054 US

Title: MGR ( ) Delete  
Name: WHITE, HOWARD  
Address: 5022 GATE PARKWAY #200  
City-St-Zip: JACKSONVILLE, FL 32256 US

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: LAYTON, GLENN  
Address: 5022 GATE PARKWAY #200  
City-St-Zip: JACKSONVILLE, FL 32256 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: SCOTT NELSON

MGR

02/28/2007

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