

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90089 025 \*\*\*\*55.00

<b>DOCUMENT # L04000080350</b> 1. Entity Name <b>ELSTER FAMILY LLC</b>					
Principal Place of Business <b>17150 GRAND BAY DRIVE BOCA RATON, FL 33496-2913</b>			Mailing Address <b>17150 GRAND BAY DRIVE BOCA RATON, FL 33496-2913</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ELSTER, LARRY 17150 GRAND BAY DRIVE BOCA RATON, FL 33496-2913</b>			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 reappointing) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR <b>ELSTER, LARRY</b> <b>17150 GRAND BAY DRIVE</b> <b>BOCA RATON, FL 334962913</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
<b>SIGNATURE:</b> <b>Manager</b> <span style="float: right;"><b>7/1/05 24933333</b></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

**30010712**



06302005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-3309351** Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required



ATTACHMENT

30010712

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 12, 2005

ELSTER FAMILY LLC  
17150 GRAND BAY DRIVE  
BOCA RATON, FL 33496-2913

Subject: ELSTER FAMILY LLC

Reference Number:

L04000080350

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/LS

ANNUAL REPORTS SECTION