2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000082135

1. Entity Name
ELK, LLC

Principal Place of Business	Mailing Address
6215 WILSON BLVD. JACKSONVILLE, FL 32210	P.O. BOX 7779 JACKSONVILLE, FL 32238

DO NOT WRITE IN THIS SPACE

04182007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1960799	Not Applicable

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

6. Name and Address of Current Registered Agent

STONEBURNER, GRESHAM R
841 PRUDENTIAL DRIVE, STE. 1400
JACKSONVILLE, FL 32207

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	TWT DEVELOPMENT CORPORATION
STREET ADDRESS	P.O. BOX 7779
CITY-ST-ZIP	JACKSONVILLE, FL 32238
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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05/18/07-80102-014 50.00

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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: _____ William B. Towers, Jr. 4-24-07   904-778-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #