


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000082908 1. Entity Name ELMI ENTERPRISES, LLC	
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Principal Place of Business 503 VILLAGE DRIVE BOURNE, MA 02532	Mailing Address 503 VILLAGE DRIVE BOURNE, MA 02532
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DO NOT WRITE IN THIS SPACE



03022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2365707	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, MICHAEL M
18501 MURDOCK CIRCLE, SUITE 101
PORT CHARLOTTE, FL 33948

**DO NOT WRITE
IN THIS SPACE**

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)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIAMOND, MICHELLE 503 VILLAGE DRIVE BOURNE, MA 02532
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEFABRITIS, ELIO A 53 EDENFIELD AVENUE WATERTOWN, MA 02472
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03/27/07-80096-015 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: Michael R. Diamond 3-9-07 508-759-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #