



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90426 011 ****50.00

DOCUMENT # L04000085696 1. Entity Name ELADEER, LLC					
Principal Place of Business 19015 NE 18TH AVENUE NORTH MIAMI BEACH, FL 33179				Mailing Address 19015 NE 18TH AVENUE NORTH MIAMI BEACH, FL 33179	
2. Principal Place of Business 4800 Linton Blvd Suite, Apt. #, etc. F 107		3. Mailing Address Suite, Apt. #, etc. 			
City & State Delray Beach FL		City & State 		4. FEI Number 20-2478489	
Zip 33445		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ELAZAR, YOSEF 19015 NE 18TH AVENUE NORTH MIAMI BEACH, FL 33179				7. Name and Address of New Registered Agent Name Alex T. Barak, Esq. Street Address (P.O. Box Number is Not Acceptable) 4601 Sheridan St Suite 206 City Hollywood FL Zip Code 33021	
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 <u><i>Alex Barak</i></u> Alex Barak DATE 5/31/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELAZAR, KAREN COHEN		NAME		
STREET ADDRESS	19015 NE 18TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP		
TITLE	Pres. Dir	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	David Newman		NAME		
STREET ADDRESS	Linton Blvd Suite F107		STREET ADDRESS		
CITY-ST-ZIP	Delray Beach FL 33445		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Karen Cohen</i></u> ELAZAR DATE 5/31/05 DAYTIME PHONE # 561-637-3777 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					