


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90197 009 \*\*\*\*50.00

DOCUMENT # L04000085696	
1. Entity Name ELADEER, LLC	

Principal Place of Business 4800 LINTON BLVD F 107 DELRAY BEACH, FL 33445	Mailing Address 19015 NE 18TH AVENUE NORTH MIAMI BEACH, FL 33179
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2. Principal Place of Business 4800 LINTON BLVD Suite, Apt. #, etc. F-107 City & State DELRAY BEACH Zip 33445 Country FLORIDA	3. Mailing Address 4800 LINTON BLVD Suite, Apt. #, etc. F-107 City & State DELRAY BEACH Zip 33445 Country FLORIDA
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03022006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent BARAK, ALEX T ESQ 4601 SHERIDAN ST, SUITE 206 HOLLYWOOD, FL 33021	
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4. FEI Number 20-2478489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent Name KAREN ELAZAR Street Address (P.O. Box Number is Not Acceptable) 4800 LINTON BLVD SUITE-F-107 City DELRAY BEACH FL Zip Code 33445	
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>KAREN ELAZAR</u> DATE <u>3/2/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELAZAR, KAREN COHEN 19015 NE 18TH AVENUE NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEUMAN, DAVID LINTON BLVD, SUITE F107 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>KAREN ELAZAR</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>3/2/2006</u> Daytime Phone # <u>561-404-4899</u>