FILED May 08, 2006 8:00 am Secretary of State 05-08-2006 90043 030 ****50.00

ANNUAL REPORT	
DOCUMENT # L05000005917	1

1. Entity Nam	MENT # L050000 ELD ANA, LLC	005917		03-08-2006 90043 030 *** 30.00	
Principal Place of Business Mailing Address					
6431 COWPE		6431 COWPEN ROAD		·	
MIAMI LAKES	5, FL 33014	MIAMI LAKES, FL 330°	14		
				1 (40)(4)(2)(50)(6) 4)(6) 40)(6) 40)(6) 41)(6) 41)(6) 41)(6) 41)(7) 41)(7)	l
2. Principal Place of Business 3. Ma		3. Mailing Address	•••		
·····					
Suite, Apt. #, etc. Suite, Apt. #, etc.			04272006 Chg-LLC CR2E083 (11/05)		
City & State City & State			4. FEI Number Applied Fo	or !	
		,		20-2296658 Not Applic	able
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional	!
	6. Name and Address of Cu	stant Registered Agent	<u> </u>	7. Name and Address of New Registered Agent	
	o. Name and Addition of the	Trans rogistarou Agent	Name	11 state and Address of from Indigented Agent	
SOROTA, SAMUEL S ESQ.		Charact Address			
801 NE 167 STREET 308		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
NORTH MIAMI BEACH, FL 33162					
			City	FL Zip Code	
8. The above	named entity submits this statem	ent for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and acc	cept
	ions of registered agent.				
SIGNATURE .					
	Signature, typed or printed name of registerer	d agent and title if applicable. (NOTI	: Registered Agent signature requi	uired when reinstating) DATE	
Fi	iling Fee is \$50.00			Make check payable to	
	ue by May 1, 2006			Florida Department of State	
9.	MANAGING M	EMBERS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE	MGRM	Delete	TITLE	Change Add	tition
NAME	MELTZER, ARI P		NAME		
STREET ADDRESS	6431 COWPEN ROAD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZiP		
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Add	dition
STREET ADDRESS			STREET ADDRESS		
CITY+ST+ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Ado	tition
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Ado	tition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-S1-ZIP		<u> </u>	CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	Change Add	IIIION
STREET ADDRESS			STREET ADDRESS		
			STREET ADDRESS CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	☐ Change ☐ Ado	lition
STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	☐ Change ☐ Ado	lition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Delete	CITY-ST-ZIP TITLE NAME	☐ Change ☐ Ado	lition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby o	pertify that the information supplie	d with this filing does not qualify for	CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP The exemptions containe	ed in Chapter 119, Florida Statutes, I further certify that the information	lition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby of indicated	on this report is true and accurate	d with this filing does not qualify for	CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP The exemptions containe the same legal effect as if	ed in Chapter 119, Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the	dition
STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby of indicated limited lia	on this report is true and accurate billity company or the receiver or t	d with this filing does not qualify for e and that my signature shall have	CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP The exemptions containe the same legal effect as if	ed in Chapter 119, Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the	dition
STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby of indicated limited lia	on this report is true and accurate bility company or the receiver or to	d with this filing does not qualify for e and that my signature shall have rustee empowered to execute this	CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP The exemptions containe the same legal effect as if report as required by Cha	ed in Chapter 119, Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the lapter 608, Florida Statutes.	dition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby of indicated limited lia	on this report is true and accurate bility company or the receiver or to	d with this filing does not qualify for e and that my signature shall have	CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP The exemptions containe the same legal effect as if report as required by Cha	ed in Chapter 119, Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the lapter 608, Florida Statutes.	dition