

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006296

Entity Name: ELLICOTT INVESTMENTS, LLC

FILED
Feb 12, 2008
Secretary of State

Current Principal Place of Business:

99 SE MIZNER BLVD
SUITE 545
BOCA RATON, FL 33432

New Principal Place of Business:

6103 AQUA AVENUE
UNIT #803
MIAMI BEACH, FL 33141

Current Mailing Address:

99 SE MIZNER BLVD
SUITE 545
BOCA RATON, FL 33432

New Mailing Address:

6103 AQUA AVENUE
UNIT #803
MIAMI BEACH, FL 33141

FEI Number: 20-2189456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENT, ERICA R
99 SE MIZNER BLVD
SUITE 545
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

KENT, ERICA R
6103 AQUA AVENUE
UNIT #803
MIAMI BEACH, FL 33141 US

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.

SIGNATURE:

02/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KENT, ERICA R
Address: 99 SE MIZNER BLVD, STE 545
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: KENT, ADAM J
Address: 155 NORTH DEAN STREET - 4TH FLOOR
City-St-Zip: ENGLEWOOD, NJ 07631

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KENT, ERICA R
Address: 6103 AQUA AVENUE, UNIT # 803
City-St-Zip: MIAMI BEACH, FL 33141

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ADAM KENT

MGR

02/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date