2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# L05000009129

Entity Name: ELOISE STREET PROPERTIES, LLC

Current Principal Place of Business:

1008 SAINT JOHNS AVENUE
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

1008 SAINT JOHNS AVENUE
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 20-1658664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, LILLIAN M
1008 SAINT JOHNS AVENUE
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P ( ) Change (X) Addition
Name: MARTIN, LILLIAN M
Address: 1008 ST. JOHNS AVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP ( ) Change (X) Addition
Name: GRAHAM, LAURA L
Address: 1262 GOVERNOR'S CREEK DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: T ( ) Change (X) Addition
Name: GRAHAM, HARRY L
Address: 1262 GOVERNOR'S DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the 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: LILLIAN MICHELE MARTIN P 04/30/2006

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