

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009129

FILED  
Apr 30, 2008  
Secretary of State

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

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

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

**ADDITIONS/CHANGES:**

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

Title: P (X) Change ( ) Addition  
Name: HOFFSES, KEITH E  
Address: 1008 ST JOHNS AVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: LILLIAN M. MARTIN

MGR

04/30/2008

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