2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# L05000020873

Entity Name: ELEMUL, LLC

Current Principal Place of Business:

316 W. 11TH ST
PANAMA CITY, FL

New Principal Place of Business:

24 WEST 8TH STREET
PANAMA CITY, FL 32401

Current Mailing Address:

316 W. 11TH ST
PANAMA CITY, FL

New Mailing Address:

POST OFFICE BOX 349
PANAMA CITY, FL 324020349

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELMS, TERESA M
316 W. 11TH ST
PANAMA CITY, FL US

Name and Address of New Registered Agent:

HELMS, TERESA M
24 WEST 8TH STREET
PANAMA CITY, FL 32401 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: TERESA M. HELMS 04/27/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HELMS, TERESA M
Address: 316 W. 11TH ST
City-St-Zip: PANAMA CITY, FL

Title: MGRM ( ) Delete
Name: GREEN, JOHN R
Address: 316 W. 11TH ST
City-St-Zip: PANAMA CITY, FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HELMS, TERESA M
Address: POST OFFICE BOX 349
City-St-Zip: PANAMA CITY, FL 324020349

Title: MGRM (X) Change ( ) Addition
Name: GREEN, JOHN R
Address: POST OFFICE BOX 349
City-St-Zip: PANAMA CITY, FL 324020349

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: TERESA M HELMS MGR 04/27/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date