

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90041 003 ****50.00

DOCUMENT # L05000032400	
1. Entity Name ELSEA INVESTMENT PROPERTIES LLC	

Principal Place of Business 9020 SPRING RUN BLVD. #607 BONITA SPRINGS, FL 34135 US	Mailing Address 9020 SPRING RUN BLVD. #607 BONITA SPRINGS, FL 34135 US
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2. Principal Place of Business 3605 SW 11th CT. Suite, Apt. #, etc.	3. Mailing Address 3605 SW 11th CT. Suite, Apt. #, etc.
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City & State Cape Coral, FL	City & State Cape Coral, FL
Zip 33914 Country USA	Zip 33914 Country USA



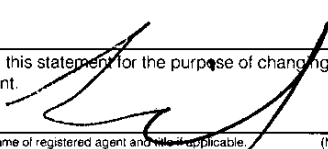
04132006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2793068	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

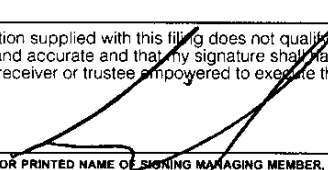
6. Name and Address of Current Registered Agent ELSEA, ERIK L 9020 SPRING RUN BLVD. #607 BONITA SPRINGS, FL 34135	
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7. Name and Address of New Registered Agent Name Erik L. Elsea Street Address (P.O. Box Number is Not Acceptable) 3605 SW 11th CT City Cape Coral FL Zip Code 33914	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4/13/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELSEA, ERIK L 9020 SPRING RUN BLVD. #607 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3605 SW 11th CT Cape Coral, FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 	DATE 4/13/06 Daytime Phone # 239.405.4063