## 2006 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CiTY-ST-712

CITY-ST-ZIP

## 04-28-2006 90035 017 \*\*\*\*50.00 **DOCUMENT #L05000036466** 1. Entity Name ELLIOTT KANE HOLDINGS, LLC Principal Place of Business Mailing Address 546 COUNTY ROAD 207A 546 COUNTY ROAD 207A EAST PALATKA, FL 32131 EAST PALATKA, FL 32131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Numbe Applied For Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -MOTES, CARL D 1072 LAKE BALDWIN LANE Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32814 City Zip Code 6. The above runned 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 Sgnature, typed or printed name of registered agent, and tide if applicable. (NOTE: Recistered Agent signeture required when reinstature) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR 17 TITLE Delete MLE ☐ Change ☐ Addition KANE: ELLIOTT NAME HALF STREET ADORESS 646 COUNTY ROAD 207A STREET ADDRESS EAST PALATKA, FL 32131 CITY-ST-ZIP CITY-ST-7P TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-DP ☐ Deleta TITLE ☐ Change ☐ Addition NAME MASSE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Detete ☐ Change ■ 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

NAME

TITLE

HAME

☐ Delete

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-2IP

CITY-ST-78P

SIGNATURE: E eval Kom	4-25-06	
SIGNATURE AND TYPED OR PRINTED MAKE OF SHOWING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Omte	Daysme Phone #

FILED May 30, 2006 8:00 am Secretary of State

☐ Change

☐ Chance

☐ Addition

☐ Addition