

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2006 90035 017 ****50.00

DOCUMENT # L05000036466					
1. Entity Name ELLIOTT KANE HOLDINGS, LLC					
Principal Place of Business 546 COUNTY ROAD 207A EAST PALATKA, FL 32131			Mailing Address 546 COUNTY ROAD 207A EAST PALATKA, FL 32131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MOTES, CARL D 1072 LAKE BALDWIN LANE ORLANDO, FL 32814					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KANE, ELLIOTT 546 COUNTY ROAD 207A EAST PALATKA, FL 32131				
<input type="checkbox"/> Delete					
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>				
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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: <u>Elliott Kane</u> 4-25-06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					