


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

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

<b>DOCUMENT # L05000036466</b>				
1. Entity Name <b>ELLIOTT KANE HOLDINGS, LLC</b>				
Principal Place of Business <b>546 COUNTY ROAD 207A EAST PALATKA, FL 32131</b>		Mailing Address <b>546 COUNTY ROAD 207A EAST PALATKA, FL 32131</b>		
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				7. Name and Address of New Registered Agent
<b>MOTES, CARL D 1072 LAKE BALDWIN LANE ORLANDO, FL 32814</b>				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City <span style="float:right">FL</span> 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 _____				
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KANE, ELLIOTT 646 COUNTY ROAD 207A EAST PALATKA, FL 32131</b>	<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: <u>Elliott Kane</u>			Date: <u>4-25-06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #	



04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 41-2174237 Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required