


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		4. FEI Number 41-2174237	
		Ap: <input type="checkbox"/> Not <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Addtl 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 ORLANDO, FL 32814		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

60039413



04142008 Chg-LLC CR2E083 (12/06)

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 _____

FILE NOW!!! FEE IS \$138.75
or May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
MGR KANE, ELLIOTT 546 COUNTY ROAD 207A EAST PALATKA, FL 32131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 provided 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 company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Elliott Kane *Elliott Kane* *4-17-08* *304-325-8600*
 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #