


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000038442**

1. Entity Name  
**ELBOWS, LLC**



FILED

06 FEB 17 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1102-8 SOUTH ADAMS STREET TALLAHASSEE, FL 32301	Mailing Address 1102-8 SOUTH ADAMS STREET TALLAHASSEE, FL 32301
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2. Principal Place of Business <b>1815 South Adams Street</b>	3. Mailing Address
Suite, Apt. #, etc. <b>3</b>	Suite, Apt. #, etc.
City & State <b>Tallahassee, FL</b>	City & State
Zip <b>32301</b>	Country <b>USA</b>

02172006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-2933365</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>AKIL, WILANDA E 501 BLAIRSTONE RD., #203 TALLAHASSEE, FL 32301</b>	7. Name and Address of New Registered Agent
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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: *Wilanda Akil* DATE: 2/17/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AKIL, WILANDA E 501 BLAIRSTONE RD., #203 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900066833629</b> <b>02/28/06--01050--011 **50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AKIL, BAKARI R II 501 BLAIRSTONE RD., #203 TALLAHASSEE, FL 32301 <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
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: *Wilanda Akil* DATE: 2/17/06 (850) 656-6123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #