


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90012 015 ****50.00

DOCUMENT # L05000042362 1. Entity Name ELCEE, LLC					
Principal Place of Business 740 S RIDGEWOOD AVE ORMOND BEACH, FL 32174			Mailing Address 740 S RIDGEWOOD AVE ORMOND BEACH, FL 32174		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01092006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ARMAN, MICHAEL 740 S RIDGEWOOD AVE ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 transferring) _____ DATE _____					
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 BURROWS, ALAN 8 ST JUDES LODGE, OLE LAXEY HILL, LAXEY UNITED KINGDOM, <div style="text-align: right;">Delete <input type="checkbox"/></div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;">↑ OLE = OLD</div> <div style="text-align: right;">Delete <input type="checkbox"/></div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;">Delete <input type="checkbox"/></div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;">Delete <input type="checkbox"/></div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;">Delete <input type="checkbox"/></div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></div>	
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>Michael P Arman</u> Michael P Arman 1-9-06 386 672 0200					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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