

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000075489

1. Entity Name
ELIJAH ELISHA HOLDINGS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB -7 AM 10:41

Principal Place of Business
~~5175 NW 57TH DRIVE~~
~~CORAL SPRINGS, FL 33067~~

Mailing Address
~~5175 NW 57TH DRIVE~~
~~CORAL SPRINGS, FL 33067~~

2. Principal Place of Business - No P.O. Box #

5541 N University Dr
Suite, Apt. #, etc. 102

3. Mailing Address

Same

City & State
Coral Springs FL

Zip 33067 Country U.S.A.

City & State

Zip

Country

01182007 Chg-LLC CR2E083 (12/06)

4. FFI Number
20-3250184

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHRISTIE, GLENFORD
5175 NW 57TH DRIVE
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/07

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CHRISTIE, GLENFORD
STREET ADDRESS 5175 NW 57TH DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33067 ☐ Delete

TITLE MGR
NAME CHRISTIE, NADIA
STREET ADDRESS 5175 NW 57TH DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800087411368
02/05/07--01075--001 **200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/25/07

345-8810