

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075737

Entity Name: ELENI 01, LLC

FILED
Mar 24, 2006
Secretary of State

Current Principal Place of Business:

10556 NW 26TH STREET, D-101
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

10556 NW 26TH STREET, D-101
DORAL, FL 33172

New Mailing Address:

FEI Number: 20-3280281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABANAS & ASSOCIATES, P.A.
10520 NW 26TH STREET, D-101
DORAL, FL 33172 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ELENA CORTESI DE SCA, TTOLINI
Address: 10556 NW 26TH STREET, D-101
City-St-Zip: DORAL, FL 33172

Title: MGRM () Delete
Name: DANIA SCATTOLINI COR, TESI
Address: 10556 NW 26TH STREET, D-101
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCATTOLINI, MAURO
Address: 10556 NW 26TH STREET, D-101
City-St-Zip: DORAL, FL 33172

Title: MGRM (X) Change () Addition
Name: PROFETA DE S., CONSTANZA
Address: 10556 NW 26TH STREET, D-101
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAURO SCATTOLINI

MGRM

03/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date