


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90014 025 \*\*\*\*50.00

<b>DOCUMENT # L05000078808</b>					
<b>1. Entity Name</b> ELITE LLC					
<b>Principal Place of Business</b> 77 RED BAY CT SANTA ROSA BEACH, FL 32459 US			<b>Mailing Address</b> P O BOX 6995 MIRAMAR BEACH, FL 32459 US		
<b>2. Principal Place of Business</b> 162 Loblolly Bay Drive Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> SANTA ROSA BEACH FL		<b>City &amp; State</b>			
<b>Zip</b> 32459		<b>Country</b> US		<b>4. FEI Number</b> 20-3280324	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> AZAN, JOSEPH L MR 77 RED BAY CT SANTA ROSA BEACH, FL 32459				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 162 Loblolly Bay Drive City SANTA ROSA BEACH FL Zip Code 32459	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> MGRM <b>NAME</b> AZAN, JOSEPH L MR <b>STREET ADDRESS</b> 77 RED BAY CT <b>CITY-ST-ZIP</b> SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b>  <b>NAME</b> 162 Loblolly Bay Drive <b>STREET ADDRESS</b> SANTA ROSA BEACH, FL 32459 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> AZAN, SALEEM J MR <b>STREET ADDRESS</b> 77 RED BAY CT <b>CITY-ST-ZIP</b> SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b>  <b>NAME</b> 162 Loblolly Bay Drive <b>STREET ADDRESS</b> SANTA ROSA BEACH, FL 32459 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____			01-15-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		