2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000085284

1. Entity Name
ELAM INVESTORS, LLC

Principal Place of Business

3340 CRENSHAW LAKE ROAD
LUTZ, FL 33548

Mailing Address

3340 CRENSHAW LAKE ROAD
LUTZ, FL 33548

DO NOT WRITE IN THIS SPACE

04102008No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-3445201	Not Applicable

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

6. Name and Address of Current Registered Agent

MYERS, W. PARKINSON
3340 CRENSHAW LAKE ROAD
LUTZ, FL 33548

DO NOT WRITE
IN THIS SPACE

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000903823
04/30/08-80060-015 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MYERS, W. PARKINSON
STREET ADDRESS	3340 CRENSHAW LAKE ROAD
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: _____ W. Parkinson Myers, Mgr.   4/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #