

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000100053

1. Entity Name
ELBEE (NRS 2005), LLC



Principal Place of Business
5331 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32216

Mailing Address
5331 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32216

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 25 AM 7:46

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01122007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
75-3202224

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, SUBHASHCHANDRA B
5331 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32216

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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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PATEL, SUBHASHCHANDRA B
5331 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #