. 2006

AMENDED

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPOR	T (UBR)	FILEU	
DOCUMENT # L05000100235 1. Entity Name		SECRETARY OF STATE DIVISION OF CORPORATIONS	
elcop, LLC		06 OCT 26 AM 10: 26	
DO NOT WRITE IN THIS SPACE		1	
2051 N.W. 112th Ave. 2051 N.W.	.W. 112th Ave. 2051 N.W. 112th Ave.		
Suite 116 Suite 116	Suite 116 City & State		PACE
Doral, FL Doral, FI		4. FEI Number 20-3604043	Applied For Not Applicable
Zip Country Zip 33172 USA 33172	Country USA		\$5.00 Additional Fee Required
DO NOT WRITE IN THIS SPACE 7. Name and Address of Current Registered Agent Name			
	Andrad	e, Luis R. s (P.O. Box Number is Not Acceptable)	
	8050 N	.W. 10th St.	
_	Apt. 8		
A A (1)	City Miami	FL_	Zip Code 33126
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 of printed name of positive and described by the signature of the printed name of positive of posit			
FEE IS \$50.00 Make Check Payable to Florida Department of State			
Make Check Pa	DUE BY MAY 1	nent of State	
9. MANAGING MEMBERS/MANAGERS			
NAME De Luca, Vicente	TITLE NAME	0000812557 10/26/0601043003	rro
STREET ADDRESS 2051 N.W. 112 Ave., Suite 1 GTY-ST-ZIP Doral, FL 33172	116 STREET ADDRESS	10/26/0601043003	**50.00 §
nne MgrM	TITLE		
NAME De Luca, Ernesto STREET ADDRESS 2051 N.W. 112 Ave., Suite 1	NAME 116 STREET ADDRESS		
CITY-ST-ZIP Doral, FL 33172	CITY - ST - ZIP		
nne MgrM NAME De Luca, Carmelo	TITLE NAME		
STREET ADDRESS 2051 N.W. 112 Ave., Suite 1	116 STREET ADDRESS		
TITLE Doral, FL 33172	CITY - ST - ZIP	DO NOT WRITE IN THIS	SPACE
NAME STREET ADDRESS	NAME		İ
CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP		
TITLE NAME	TITLE NAME		
STREET ADDRESS	STREET ADDRESS		
CITY - ST - ZIP	CITY - ST - ZIP		
NAME	TITLE NAME		
STREET ADORESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: Carmelo De Luca 20/10/2006 305-889-1191			
OR AUTHORIZED REPRESENTATIVE			

STF FL32519F.1