2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L05000106163 02-03-2006 90084 015 ****50.00 ELK INVESTMENTS OF MIAMI, LLC Principal Place of Business Mailing Address 10250 SW 68 STREET 10250 SW 68 STREET 20004960 MIAMI, FL 33173 MIAMI, FL 33173 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01202006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-3719783 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORDOVES, ORLANDO 10250 SW 68 STREET MIAMI, FL 33173 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM: TITLE TITLE ☐ Delete ☐ Change M Addition NAME CORDOVES, ORLANDO NAME 10250 SW 68 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition CORDOVES, LISA NAME NAME STREET ADDRESS 10250 SW 68 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Chance NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 mystee empowered to execute this report as required by Chapter 608, Florida Statutes. KENBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 03, 2006 8:00 am