


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90055 038 \*\*\*\*50.00

<b>DOCUMENT # L05000121240</b> 1. Entity Name ELP INVESTMENTS, LLC						
Principal Place of Business 6466 N W 5 TH WAY FORT LAUDERDALE, FL 33309 US			Mailing Address 6466 N W 5 TH WAY FORT LAUDERDALE, FL 33309 US			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
				Country		
6. Name and Address of Current Registered Agent  PASSARIELLO, JOHN 6466 N W 5 TH WAY FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>						
<b>Filing Fee is \$50.00</b> <b>Due by: May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>				
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	PRES			TITLE		
NAME	ENGELHARDT, SANFORD			NAME		
STREET ADDRESS	7978 EXETER CIR. EAST			STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP		
TITLE	VP			TITLE		
NAME	PASSARIELLO, JOHN			NAME		
STREET ADDRESS	6466 N W 5 TH WAY			STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309			CITY-ST-ZIP		
TITLE	TRES			TITLE		
NAME	LOFRISCO, SAL			NAME		
STREET ADDRESS	6466 N W 5 TH WAY			STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33309			CITY-ST-ZIP		
TITLE				TITLE		
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE				TITLE		
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						
SIGNATURE: <u><i>Sanford Engelhardt</i></u> Pres. <span style="float: right;">4/20/06 954-764300</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <u>SANFORD ENGELHARDT</u>				Date: _____ Daytime Phone #: _____		