2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mailing Address

DOCUMENT # L06000009760

1. Entity Name
ELITE REAL ESTATE GROUP, LLC

Principal Place of Business



FILED Mar 10, 2008 8:00 am Secretary of State 03-10-2008 90333 007 ***143.75



Sulfa, Apt #, etc. Sulfe, Apt #, etc. Cry & State Cry & State Country Zp Country Specification of Status Desired Applied For Exception ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE. SUITE 125 CORAL GABLES, FL 33146 City File Normal State of Equitared agent. Sinear Address (P.O. Box Number is Not Acceptable) City FL Zp Code 8. The above named entry submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of equitared agent. SIGNATURE Signature By FL Signature City Signature City Signature By FL Signature City Signature By FL Signature	C/O ATRIUM REGISERED AGENTS, INC. 2751 EXECUTIVE PARK DRIVE, SUITE 201 WESTON, FL 33331		C/O ATRIUM REGISERED AGENTS, INC. 2751 EXECUTIVE PARK DRIVE, SUITE 201 WESTON, FL 33331			60013394 			
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8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATUR	1500 SAN REMO AVE., SUITE 125								
SIGNATURE				City		F	Zip Code	9	
SIGNATURE Signature, Speed or princes neare of registered agant and title if applicable. (MOTE, Registered Agant signature rootuned when renestating) DATE									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State									
### After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Addition	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
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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 of unsteed empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LOCALADO DE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE EDUARDO DE LA TOUR, MGR