## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000014515

1. Entity Name

ELIAS NEW BEDFORD LLC



Principal Place of Business

555 SW 12TH AVE. New

SUITE 101

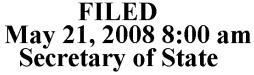
POMPANO BEACH, FL 33069

Mailing Address

555 SW 12TH AVE. Address.

SUITE 101

POMPANO BEACH, FL 33069



05-21-2008 90205 048 \*\*\*138.75

Ft. lauderdale, FL 33309



04222008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-4271949 Applied For
Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHASEN, JERRY S 1000 VENETIAN WAY SUITE 801 MIAMI, FL 33139

## DO NOT WRITE IN THIS SPACE

the obligat	tions of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature r	required when reinstating)	DATE	
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIAS TAPLIN, SHEILA 9999 COLLINS AVE., PH 1-D BAL HARBOUR, FL 33154				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE	į
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	IN THIS	SPACE	
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TITUE NAME STREET ADDRESS CITY-ST-ZIP					

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. Lam familiar with, and accept

11. I hereby certify that the information supplied with this thing 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 the 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 HAVE OF SKINING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE\_

Date Daytime Phone #