

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90090 018 ***138.75

DOCUMENT # L06000020600

1. Entity Name
BANNER ELK 10, LLC



Principal Place of Business Mailing Address
1550 MADRUGA AVE., SUITE 230 **1550 MADRUGA AVE., SUITE 230**
CORAL GABLES, FL 33146 **CORAL GABLES, FL 33146**

60028321



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-4369190 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SUCHMAN, LAWRENCE E
1550 MADRUGA AVE., SUITE 230
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SUCHMAN, LAWRENCE E	
STREET ADDRESS	1550 MADRUGA AVE., SUITE 230	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SUCHMAN, CLIFFORD L	
STREET ADDRESS	1550 MADRUGA AVE., SUITE 230	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	EJ BOCA PROPERTIES, LLC	
STREET ADDRESS	3389 SHERIDAN STREET, #174	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Lawrence E. Suchman* 4/18/08 305-667-6461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #