

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030950

Entity Name: ELITE LOCKSMITH, LLC

FILED
Jan 29, 2007
Secretary of State

Current Principal Place of Business:

3745 NE 171 ST
17
NORTH MIAMI BEACH, FL 33160 US

New Principal Place of Business:

P.O BOX 600119
NORTH MIAMI BEACH, FL 33160 US

Current Mailing Address:

3745 NE 171 ST
17
NORTH MIAMI BEACH, FL 33160 US

New Mailing Address:

P.O BOX 600119
NORTH MIAMI BEACH, FL 33160 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN LEVY BENGIO & GERBER PL
2320 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHULMAN, IZHAR
Address: 3745 NE 171 ST #17
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: MGRM () Delete
Name: COHEN, DAVID
Address: 3745 NE 171 ST #17
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

ADDITIONS/CHANGES:

Title: OWNE (X) Change () Addition
Name: DAVID, COHEN
Address: P.O BOX 600119
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: MGRM (X) Change () Addition
Name: COHEN, DAVID
Address: P.O BOX 600119
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID

OWNE

01/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date