


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90178 024 ****50.00

DOCUMENT # L06000069165

1. Entity Name
ELEMENTS DESIGN STUDIO LLC



00050277

Principal Place of Business
**5050 OAK TOURS DRIVE
 ORLANDO, FL 32839**

Mailing Address
**5050 OAK TOURS DRIVE
 ORLANDO, FL 32839**



2. Principal Place of Business - No P.O. Box #
201 SE 2nd Ave

3. Mailing Address
201 SE 2nd Ave

Suite, Apt. #, etc.
110

City & State
Gainesville, FL

Country
U.S.

01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number
22-3938249

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**AGENTS AND CORPORATIONS, INC.
 SUITE E, 773 4TH AVENUE NORTH
 NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name
Truong LE

Street Address (P.O. Box Number is Not Acceptable)
5050 Oak Tours Dr

City **Orlando** State **FL** Zip Code **32839**

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 **Truong LE** DATE **3/28/2007**

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

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LE, MY-TRAM 5050 OAK TOURS DRIVE ORLANDO, FL 32839 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LE, MY-VAN 5050 OAK TOURS DRIVE ORLANDO, FL 32839 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LE, TRUONG 5050 OAK TOURS DRIVE ORLANDO, FL 32839 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LE, PHAT 5050 OAK TOURS DRIVE ORLANDO, FL 32839 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LE, PHUONG 5050 OAK TOURS DRIVE ORLANDO, FL 32839 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Truong LE** DATE **3/28/2007** DAYTIME PHONE # **352-371-9747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE