


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90073 004 ***138.75

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| DOCUMENT # L06000074036 1. Entity Name EARTH AND LIGHTS INVESTMENTS - ELI, LLC. |  |
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| Principal Place of Business 318 INDIAN TRACE #447 WESTON, FL 33326 | Mailing Address 318 INDIAN TRACE #447 WESTON, FL 33326 |
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60010752



02222008No Chg-LLC

CR2E083 (12/07)

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|---|-----------------------------------|
| 4. FEI Number 20-5315563 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

LAS HOZ, GARCIELA
2527 BAY POINT COURT
WESTON, FL 33327

**DO NOT WRITE
IN THIS SPACE**

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


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

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LA HOZ, GRACIELA A 2527 BAY POINT COURT WESTON, FL 33327 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VALENCIA, GABRIEL A 2527 BAY POINT COURT WESTON, FL 33327 |
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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:  **2/22/08 x 954 888 4757**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #