FILED
Mar 07, 2008 8:00 am
Secretary of State

01-24-2008 90066 045 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000104137

1. Entity Name
ELKOR, LLC

30001402

01112008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
2300 PALM BEACH LAKES BOULEVARD SUITE 200-G WEST PALM BEACH, FL 33409	2300 PALM BEACH LAKES BOULEVARD SUITE 200-G WEST PALM BEACH, FL 33409

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
660 LINTON BLVD	660 LINTON BLVD
Suite, Apt. #, etc.: SUITE 203F	Suite, Apt. #, etc.: SUITE 203F
City & State: DELRAY BEACH, FL	City & State: DELRAY BEACH, FL
Zip: 33444 Country: USA	Zip: 33444 Country: USA

4. FEI Number: 20-5773641 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POPOVS, ALEKSANDERS
2300 PALM BEACH LAKES BOULEVARD
SUITE 200-G
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent

Name: SAME NAME
Street Address (P.O. Box Number is Not Acceptable): 660 LINTON BLVD STE 203F
City: DELRAY BEACH FL Zip Code: 33444

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: ALEKSANDERS POPOVS 1-17-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MR. PRESIDENT	☐ Delete
NAME	POPOVS, ALEKSANDERS	
STREET ADDRESS	860 SOUTH OCEAN BOULEVARD	
CITY-ST-ZIP	MANALAPAN, FL 33462	
TITLE	ADMINISTRATOR	☐ Delete
NAME	DANIELLE ZARNOWIEC	
STREET ADDRESS	660 LINTON BLVD STE 203F	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: [signature] 1-17-08 561 213 2877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #