2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007
Secretary of State

DOCUMENT# L06000109055

Entity Name: ELABDAN, LLC

Current Principal Place of Business:

7405 S.W. 134TH STREET
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

7405 S.W. 134TH STREET
MIAMI, FL 33156

New Mailing Address:

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

Name and Address of Current Registered Agent:

OSMAN, ELLEN B
7405 S.W. 134TH STREET
MIAMI, FL 33156 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: OSMAN, ELLEN
Address: 7405 S.W. 134TH STREET
City-St-Zip: MIAMI, FL 33156

Title: S ( ) Delete
Name: LIEBLING, ABBE
Address: 7405 S.W. 134TH STREET
City-St-Zip: MIAMI, FL 33156

Title: T ( ) Delete
Name: OSMAN, DANIEL
Address: 7405 S.W. 134TH STREET
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: LIEBLING, ABBE
Address: 7405 S.W. 134TH STREET
City-St-Zip: MIAMI, FL 33156

Title: MGRM (X) Change ( ) Addition
Name: OSMAN, DANIEL
Address: 7405 S.W. 134TH STREET
City-St-Zip: MIAMI, FL 33156

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: ELLEN OSMAN MGRM 03/07/2007

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