

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117125

Entity Name: ELIZABETH ISLAND, L.L.C.

FILED
May 25, 2007
Secretary of State

Current Principal Place of Business:

1621 EAST GADSDEN STREET
PENSACOLA, FL 32501

New Principal Place of Business:

3900 N CAUSEWAY BLVD
1045
METAIRIE, LA 70002 US

Current Mailing Address:

1621 EAST GADSDEN STREET
PENSACOLA, FL 32501

New Mailing Address:

3900 N CAUSEWAY
1045
METAIRIE, LA 70002 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEUCHTMAN, GARY B
501 COMMEDENCIA STREET
PENSACOLA, FL 32502 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR () Change (X) Addition
Name: CERULLO, THOMAS C MGR
Address: 3900 NORTH CAUSEWAY BLVD, SUITE 1045
City-St-Zip: METAIRIE, LA 70002 US

Title: MS () Change (X) Addition
Name: CERULLO, CYNTHIA G MGRM
Address: 3900 N CAUSEWAY BLVD SUITE 1045
City-St-Zip: METAIRIE, LA 70002 US

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS C CERULLO

MGR

05/25/2007

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