2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# L06000120795

Entity Name: ELKIND PROPERTIES LLC

Current Principal Place of Business:

11218 EDGEWATER CIR.
WELLINGTON, FL 33414

New Principal Place of Business:

11218 EDGEWATER CIR.
WELLINGTON, FL 33414 US

Current Mailing Address:

11218 EDGEWATER CIR.
WELLINGTON, FL 33414

New Mailing Address:

11218 EDGEWATER CIR.
WELLINGTON, FL 33414 US

FEI Number: 20-8063057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELKIND, BRUCE
11218 EDGEWATER CIR.
WELLINGTON, FL 33414 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: ELKIND, BRUCE
Address: 11218 EDGEWATER CIR.
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM ( ) Delete
Name: ELKIND, LISA M
Address: 11218 EDGEWATER CIR.
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ELKIND, BRUCE L
Address: 11218 EDGEWATER CIR.
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM (X) Change ( ) Addition
Name: ELKIND, LISA M
Address: 11218 EDGEWATER CIR.
City-St-Zip: WELLINGTON, FL 33414 US

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: BRUCE L. ELKIND MGRM 04/13/2007

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