

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000239

**FILED**  
**May 01, 2008**  
**Secretary of State**

**Entity Name:** ELITE HOLDINGS OF MANATEE, LLC

**Current Principal Place of Business:**

6730 28TH STREET CIRCLE EAST  
BRADENTON, FL 34208 US

**New Principal Place of Business:**

**Current Mailing Address:**

6730 28TH STREET CIRCLE EAST  
BRADENTON, FL 34208 US

**New Mailing Address:**

PO BOX 48926  
SARASOTA, FL 34230 US

**FEI Number:** 20-8167660      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

REINICKE, STEPHANIE A  
1800 SECOND STREET  
SUITE 803  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

THOMPSON, TODD  
6224 31ST STREET EAST  
SUITE 6  
BRADENTON, FL 34208 US

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: TODD THOMPSON

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THOMPSON, TODD  
Address: 6730 28TH STREET CIRCLE EAST  
City-St-Zip: BRADENTON, FL 34208 US

**ADDITIONS/CHANGES:**

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

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: TODD THOMPSON

MGRM

05/01/2008

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