## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

## May 27, 2008 8:00 am Secretary of State DOCUMENT # L07000024986 1. Entity Name 05-27-2008 90372 027 \*\*\*138.75 ELITE SOCIETY MANAGEMENT GROUP LLC Principal Place of Business Mailing Address 1330 ALTON ROAD 1330 ALTON ROAD MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/07) City & State 4. FEI Numpe City & State Applied For Not Applicable Ζip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SELAYA, EDGAR R JR Street Address (P.O. Box Number is Not Acceptable) 104 SW 9TH ST 303 MIAMI FL:83130 Zip Code 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 r SIGNATURE 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 10. ADDITIONS/CHANGES MGR TITLE HILE ☐ Change Addition ... MARKE SELAYA, EDGAR R JR NAME STREET ADDRESS 104 SW 9TH ST APT #303 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33130 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THILE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZiP CITY-ST-Z-P Delete TITLE TITLE Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

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SIGNATURE