


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90044 024 ***138.75

| | |
|---------------------------------------|---|
| DOCUMENT # L07000059120 |  |
| 1. Entity Name ELVIRA JOHNSON, LLC | |

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|--|--|
| Principal Place of Business 1423 SE 10TH STREET, SUITE #1 CAPE CORAL, FL 33990 | Mailing Address 1423 SE 10TH STREET, SUITE #1 CAPE CORAL, FL 33990 |
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60001253



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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01092008 Chg-LLC CR2E083 (12/06)

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|-----------------------------|-------------------------------|
| 4. FEI Number 26-2298187 | Applied For Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

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| 6. Name and Address of Current Registered Agent | |
| KEDEM, ILAN 1423 SE 10TH STREET, SUITE #1 CAPE CORAL, FL 33990 | |

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

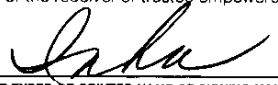
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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|---|-------------|
| SIGNATURE  | DATE 1-9-08 |
|---|-------------|

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| 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 | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KEDEM, ILAN 1423 SE 10TH STREET, SUITE #1 CAPE CORAL, FL 33990 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  | DATE 1-9-08 |
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