2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104119

City-St-Zip:

BROOKSVILLE, FL 34601

Entity Name: ELAE ENTERPRISES, LLC

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14 OLIVE STREET BROOKSVILLE, FL 34601 LIS **Current Mailing Address: New Mailing Address:** 20 SOUTH BROAD STREET 14 OLIVE STREET BROOKSVILLE, FL 34601 US BROOKSVILLE, FL 34601 US FEI Number: 26-2701587 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE HOGAN LAW FIRM 20 SOUTH BROAD STREET BROOKSVILLE, FL 34601 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: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition SULLIVAN, ERIN C Name: Name: 14 OLIVE ST Address: Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: CHATMAN, LINDA S Name: Address: 201 OLIVE ST Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CHATMAN, WILLIAM Name: Name: Address: 201 OLIVE ST Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SULLIVAN, WILLIAM A Name: Name: Address: 14 OLIVE ST Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SULLIVAN, ERIN C Name: Name: Address: 14 OLIVE ST Address:

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.

City-St-Zip:

SIGNATURE: ERIN SULLIVAN MGRM 04/27/2009