2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 11, 2008 8:00 am Secretary of State

DOCUMENT # L07000121108 1. Entity Name ELITE ENTERPRISE GROUP, LLC					02-11-2008 90132 006 ***138.75			
Principal Place of Business 1184 GANDY CREST DRIVE NE ST. PETERSBURG, FL 33702 US Mailing Address 1184 GANDY CREST DRIVE ST. PETERSBURG, FL 33702 US ST. PETERSBURG, FL 33				US	60007045			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt.	#. etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.		-			
City & State		City & State	City & State		02082008 4. FEI Number	Chg-LLC	CR2E083 (12/06)	optied For
				11-38		No	ot Applicable	
Zip	Country	Zip	Coun	try		f Status Desired	S5.00 Add Fee Require	
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and A	ddress of New Re	gistered Agent	
CORPORATION SERVICE COMPANY								
1201 HAYS STREET TALLAHASSEE, FL 32301				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Cod	le
	named entity submits this statement	for the purpose of chang	ging its registere	ed office or registe	red agent, or both	, in the State of Flor	ida. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registere	d Agent signature requirer	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								
		75			,		check payable to Department of Stat	e
	, 1, 2008 Fee will be \$538.	75 BERS/MANAGERS	10.		,		Department of Stat	e
9.	/ 1, 2008 Fee will be \$538. MANAGING MEM MGRM		e TITLE	I	,	Florida	Department of Stat	e Addition
After May	1, 2008 Fee will be \$538. MANAGING MEM	BERS/MANAGERS Deleti	e title Nami Stre	I	,	Florida	Department of Stat	
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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.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE