

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078760

Entity Name: ELBE ENTERPRISE, L.L.C.

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

3280-55A TAMIAMI TRAIL,PMB 303  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

3280-55A TAMIAMI TRAIL,PMB 303  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

FEI Number: 26-3306905

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OAKS, DAVID K  
407 EAST MARION AVENUE, STE 101  
PUNTA GORDA, FL 33950 US

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

BYNUM, AUBREY L  
3280-55A TAMIAMI TRL PMB 303  
PORT CHARLOTTE, FL 33952 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: AUBREY L BYNUM

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BYNUM, AUBREY L  
Address: 3280-55A TAMIAMI TRAIL,PMB 303  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR ( ) Delete  
Name: BYNUM, DEBORAH L  
Address: 3280-55A TAMIAMI TRAIL,PMB 303  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES:**

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

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: AUBREY L BYNUM

MGR

04/28/2009

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