2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# L08000081069

Entity Name: BUSINESS ELEVATOR LLC

Current Principal Place of Business:

6283 ADRIATIC WAY
WEST PALM BEACH, FL 33413 US

New Principal Place of Business:

8432 LONG BAY
WEST PALM BEACH, FL 33411 US

Current Mailing Address:

6283 ADRIATIC WAY
WEST PALM BEACH, FL 33413 US

New Mailing Address:

8432 LONG BAY
WEST PALM BEACH, FL 33411 US

FEI Number: 90-0408701 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSCHEK, DAVID S
6283 ADRIATIC WAY
WEST PALM BEACH, FL 33413 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: BUSCHEK, DAVID S
Address: 6283 ADRIATIC WAY
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: MGRM ( ) Delete
Name: BUSCHEK, ULRIKE L
Address: 6283 ADRIATIC WAY
City-St-Zip: WEST PALM BEACH, FL 33413 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BUSCHEK, DAVID S
Address: 8432 LONG BAY
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: MGRM (X) Change ( ) Addition
Name: BUSCHEK, ULRIKE L
Address: 8432 LONG BAY
City-St-Zip: WEST PALM BEACH, FL 33411 US

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: DAVID BUSCHEK MGRM 04/03/2009

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