

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000014563

FILED  
May 01, 2011  
Secretary of State

**Entity Name:** ELIORA MANAGEMENT, LLC

**Current Principal Place of Business:**

13820 OLD ST. AUGUSTINE ROAD  
SUITE #113-136  
JACKSONVILLE, FL 32258 US

**New Principal Place of Business:**

**Current Mailing Address:**

13820 OLD ST. AUGUSTINE ROAD  
SUITE #113-136  
JACKSONVILLE, FL 32258 US

**New Mailing Address:**

FEI Number: 26-4249251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCOTT, RUEL W MR.  
13820 OLD ST. AUGUSTINE ROAD  
#113-136  
JACKSONVILLE, FL 32258 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  
Name: SCOTT, RUEL W MR.  
Address: 13820 OLD ST. AUGUSTINE ROAD, #113-136  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: MGRM  
Name: SCOTT, HEATHER M MS.  
Address: 13820 OLD ST. AUGUSTINE ROAD, #113-136  
City-St-Zip: JACKSONVILLE, FL 32258 US

I hereby 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: RUEL SCOTT

MGRM

05/01/2011

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