

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000017662

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Entity Name:** ELHILOW FAMILY OFFICE, LLC

**Current Principal Place of Business:**

101 NORTH CLEMATIS STREET, SUITE 220  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

101 NORTH CLEMATIS STREET, SUITE 220  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

PO BOX 3505  
WEST PALM BEACH, FL 33402

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CPA ASSET MANAGEMENT GROUP, LLC  
101 NORTH CLEMATIS STREET, SUITE 220  
WEST PALM BEACH, FL 33401 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: MGR  
Name: ELHILOW, MARK B  
Address: 101 NORTH CLEMATIS STREET, SUITE 220  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR  
Name: SMITH, R. GREG  
Address: 101 NORTH CLEMATIS STREET, SUITE 220  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR  
Name: CPA ASSET MANAGEMENT GROUP, LLC  
Address: 101 NORTH CLEMATIS STREET, SUITE 220  
City-St-Zip: WEST PALM BEACH, FL 33401

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: MARK B ELHILOW

MGR

03/02/2010

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