

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008048																																																																																							
1. Entity Name E.L.S. VENTURES L.L.C.																																																																																							
Principal Place of Business 2962 U.S. 1 SOUTH ST AUGUSTINE, FL 32086		Mailing Address PO BOX 367 ST AUGUSTINE, FL 32085																																																																																					
2. Principal Place of Business		3. Mailing Address																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																					
City & State		City & State																																																																																					
Zip	Country	Zip	Country																																																																																				
4. FEI Number 59-3812902		Applied For Not Applicable																																																																																					
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required																																																																																					
6. Name and Address of Current Registered Agent PACETTI, WILLIAM H 2962 U.S. 1 SOUTH ST AUGUSTINE, FL 32086		7. Name and Address of New Registered Agent																																																																																					
Name		Name																																																																																					
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)																																																																																					
City		City																																																																																					
FL		Zip Code																																																																																					
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																							
SIGNATURE _____ DATE _____																																																																																							
SIGNATURE, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's name is required when requesting)																																																																																							
<table border="1"> <thead> <tr> <th colspan="2">8. MANAGING MEMBERS/MANAGERS</th> <th colspan="2">9. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE</td> <td>☐ Delete</td> <td>TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>☐ Delete</td> <td>TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>☐ Delete</td> <td>TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>☐ Delete</td> <td>TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>☐ Delete</td> <td>TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </tbody> </table>				8. MANAGING MEMBERS/MANAGERS		9. ADDITIONS/CHANGES		TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 806, Florida Statutes.																																																																																							
SIGNATURE <i>William H. Pacetti</i>		5/19/05 904-797-1655																																																																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #																																																																																					

NO CHANGES

PACETTI@bellSouth.net

CFR2083 (10/02)

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05/21/03 01063 002 ***150.00