2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000008953

1. Entity Name
ELLIN, LLC

Principal Place of Business	Mailing Address
NW 39TH STREET SUITE 3 MIAMI, FL 33127	% ZUCKER & SHERNICOFF 1700 BROADWAY NEW YORK, NY 10019

DO NOT WRITE IN THIS SPACE

08162004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-0989088	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

GOTTLIEB, STUART M
222 LAKEVIEW AVENUE, SUITE 260
WEST PALM BEACH, FL 33401

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by September 8, 2004

U000000170386
08/19/04-80001-014 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ELLIN SPC INC.
STREET ADDRESS	5 NW 39TH STREET, SUITE 3
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 608, Florida Statutes.

SIGNATURE: _____   2/10/04   22 95 9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #