


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

DOCUMENT # MO200001326	
1. Entity Name ELTON MANAGEMENT LLC	

FILED

03 JUN 16 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 327 N. AIRPORT RD Suite, Apt. #, etc.	3. Mailing Address 3500 PALMISANO BLVD. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State NAPLES, FL	City & State CHALMETTE, LA	4. FEI Number 04-3619268	Applied For <input type="checkbox"/> Not Applicable
Zip 34104	Country COLORED	Zip 70043	Country ST. BERNARD
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name JOE SYLVIA	
	Street Address (P.O. Box Number is Not Acceptable) 327 N AIRPORT RD	
	City NAPLES	FL Zip Code 34104

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MBRM ELOISE S. STRECKFUS 3500 PALMISANO BLVD. CHALMETTE, LA 70043	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500020879355
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MBRM ANTHONY W. DODGE 3500 PALMISANO BLVD CHALMETTE, LA 70043	TITLE NAME STREET ADDRESS CITY - ST - ZIP	06/16/03--01026--001 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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)(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: **Anthony W. Dodge** **ANTHONY W. DODGE** **3-3-03** **504 270 8669**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E0835 (12/02)