


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90273 032 ****50.00

| | | | | | |
|---|--|--|---|---|---|
| DOCUMENT # M03000003842 | | | |  | |
| 1. Entity Name ELITEVIEW LLC | | | | | |
| Principal Place of Business 350 MYLES STANDISH BLVD. TAUNTON, MA 02780 | | | Mailing Address 350 MYLES STANDISH BLVD. TAUNTON, MA 02780 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 02142007 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 04-3521888 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| Name Street Address (P.O. Box Number is Not Acceptable) City | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4. WESTON, FL 33331 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ESTES, KEVIN 350 MYLES STANDISH BLVD. TAUNTON, MA 02780 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM KNAPP, KELLY 350 MYLES STANDISH BLVD. TAUNTON, MA 02780 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PAPPAS, ALEXANDER 350 MYLES STANDISH BLVD. TAUNTON, MA 02780 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PAPPAS, ARTHUR 350 MYLES STANDISH BLVD. TAUNTON, MA 02780 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PAPPAS, DIANE 350 MYLES STANDISH BLVD. TAUNTON, MA 02780 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PAPPAS, GEORGE 350 MYLES STANDISH BLVD. TAUNTON, MA 02780 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ | | | Date: 2/20/07 Daytime Phone #: 508-802-6410 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |