


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90005 001 \*\*\*\*50.00  
 05-06-2004 90005 002 \*\*\*\*\*5.00

DOCUMENT # L02000017868

1. Entity Name  
 ELITE INTERNATIONAL LLC



Principal Place of Business      Mailing Address

15295 SW 107 LN      15295 SW 107 LN  
 1008      1008  
 MIAMI, FL 33196 US      MIAMI, FL 33196 US

2. Principal Place of Business      3. Mailing Address

15320 S.W 106 Terrace      15320 S.W 106 Terrace

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1105      1105

City & State      City & State

Miami, Florida      Miami, Florida

Zip      Country      Zip      Country

33196      USA      33196      USA



04292004    Chg-LLC    CR2E083 (10/03)

4. FEI Number      Applied For

46-0491124      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROLDAN, MARIA C  
 15320 SW 106TH TERR #1105  
 MIAMI, FL 33196

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-appointing)      DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROLDAN, MARIA C 15320 SW 106 TERR #1105 MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROLDAN, MARIA C 15320 SW 106 Terrace # 1105 MIAMI, FL 33196 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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)(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 606, Florida Statutes.

SIGNATURE: \_\_\_\_\_      Date: 04/28/04      Daytime Phone #: 786-262-6444

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