## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L01000001333

1. Entity Name

ILLUM, CLAYTON & ELLIOTT INVESTMENTS, LLC



Principal Place of Business

3884 PROGRESS AVENUE NAPLES, FL 34104

Mailing Address

3884 PROGRESS AVENUE NAPLES, FL 34104

## FILED Apr 19, 2004 08:00 AM Secretary of State



03192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1141764 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAULICH, JOHN III 801 ANCHOR RODE DRIVE, SUITE 203 NAPLES, FL 34103

## DO NOT WRITE IN THIS SPACE

MA CLO,	12 34103	IN	THIS SPACE
	named entity submits this statement for the purpose of char tions of registered agent.	j nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2004		U00000120332 04/20/04-80028-022 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLAYTON, GUY C 1578 HEIGHTS COURT MARCO ISLAND, FL 34145		
title Name Street address City-St-Zip	MGRM ILLUM-ELLIOTT INVESTMENTS, LLC 3884 PROGRESS AVENUE NAPLES, FL 34104		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE			

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 receives or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

14-13-04

Cayime Phone #