2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000002017

1. Entity Name ELLIS FAMILY LLC



FILED
May 01, 2008 08:00 AF
Secretary of State

Principal Place of Business

2446 FOXWOOD ROAD, SOUTH ORANGE PARK, FL 32073

Mailing Address

2446 FOXWOOD ROAD, SOUTH ORANGE PARK, FL 32073



04292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 02-0597169

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEUCHTMAN, GARY B 3 WEST GARDEN ST., STE. 700 PENSACOLA, FL 32501

the obligations of registered agent,

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SIGNATURE.	Signature Typerd or pricted name of registimed agent and title if applicable	(NOTE: Rogistered Agont signature required when ronstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000939110 05/28/08-80014-024-138, 75			
9.	MANAGING MEMBERS/MANAGERS		WAT UET-LOUATO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELLIS, WILLIAM E JR 2446 FOXWARD RD SOUTH ORANGE PARK, FL 32073		
TITLE NAMI. STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WR	RITE .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPA	CE
TITLE NAME. STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 emphyment in the receiver of the rece

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