


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000001517</b> 1. Entity Name ROMERO ELLIOTT HOLDINGS, LLC	
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Principal Place of Business 2571 CRAWFORDVILLE HWY. CRAWFORDVILLE, FL 32327-2167	Mailing Address 2571 CRAWFORDVILLE HWY. CRAWFORDVILLE, FL 32327-2167
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**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  JEFF G. ROMERO 2571 CRAWFORDVILLE HWY. CRAWFORDVILLE, FL 32327-2167
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM ROMERO, JEFF 3720 COASTAL HIGHWAY CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM ELLIOTT, LAURA 3720 COASTAL HIGHWAY CRAWFORDVILLE, FL 32327
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**DO NOT WRITE  
IN THIS SPACE**

U00000001248  
01/09/04-80033-022 50.00

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:** Laura A. Elliott Laura A. Elliott 1/8/04 850 926 7153  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #