

# 2002 UNIFORM BUSINESS REPORT (UBR)

2

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90063 046 \*\*\*\*50.00

**DOCUMENT # L00000008242**

1. Entity Name

**ELLENBURG FAMILY L.L.C.**

Principal Place of Business

801 CLEVELAND ST. #240  
 CLEARWATER FL 33755

Mailing Address

801 CLEVELAND ST. #240  
 CLEARWATER FL 33755

2. Principal Place of Business

**8 S. FT HARRISON AVE**  
 Suite, Apt. #, etc.

3. Mailing Address

**8 S. FT. HARRISON AVE**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Clearwater, FL**  
 Zip **33756** Country

City & State

**Clearwater, FL**  
 Zip **33756** Country

4. FEI Number

**36-4426178**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**REGISTERED CORPORATE AGENTS, INC.**  
**612 S GREENWOOD AVE**  
**CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name

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

**8 S. FT HARRISON AVE**

City

**Clearwater**

FL

Zip Code

**33756**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **ELLENBURG, GERALD D**  
 STREET ADDRESS **601 CLEVELAND ST. #240**  
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME **8 S. FT HARRISON AVE**  
 STREET ADDRESS **Clearwater, FL**  
 CITY-ST-ZIP **33756**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**6840**

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

Date

Daytime Phone #

CR2E083 (9/01)

Attachment

18573

#L000000082412

Form 1065

## U.S. Return of Partnership Income

OMB No. 1545-0099

2000

Department of the Treasury  
Internal Revenue Service

For calendar year 2000, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

See separate instructions.

<b>A</b> Principal business activity	Name of partnership Ellenburg Family LLC	<b>D</b> Employer identification number 36-4426175
<b>B</b> Principal product/service Family LLC	Number, street, and room or suite number [REDACTED]	<b>E</b> Date business started 1/1/2000
<b>C</b> Business code number	City or town Clearwater	<b>F</b> Total assets (see page 13 of the instructions) \$ 0
	State FL	ZIP code 33755

- G** Check applicable boxes: ☒ Initial return ☐ Final return ☐ Change in address ☐ Amended return
- H** Check accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) \_\_\_\_\_
- I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year \_\_\_\_\_ 1

CAUTION: Include ONLY trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

<b>1a</b> Gross receipts or sales	<b>1a</b>	0	<b>1c</b>	0
<b>b</b> Less returns and allowances	<b>1b</b>	0		
<b>2</b> Cost of goods sold (Schedule A, line 8)	<b>2</b>			0
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>			0
<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach schedule)	<b>4</b>			-342,993
<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040))	<b>5</b>			0
<b>6</b> Net gain (loss) from Form 4797, Part II, line 18	<b>6</b>			0
<b>7</b> Other income (loss) (attach schedule)	<b>7</b>			0
<b>8</b> Total income (loss). Combine lines 3 through 7	<b>8</b>			-342,993
<b>9</b> Salaries and wages (other than to partners) (less employment credits)	<b>9</b>			0
<b>10</b> Guaranteed payments to partners	<b>10</b>			0
<b>11</b> Repairs and maintenance	<b>11</b>			0
<b>12</b> Bad debts	<b>12</b>			0
<b>13</b> Rent	<b>13</b>			0
<b>14</b> Taxes and licenses	<b>14</b>			0
<b>15</b> Interest	<b>15</b>			0
<b>16a</b> Depreciation (if required, attach Form 4562)	<b>16a</b>	0		
<b>b</b> Less depreciation reported on Schedule A and elsewhere on return	<b>16b</b>	0	<b>16c</b>	0
<b>17</b> Depletion (Do not deduct oil and gas depletion.)	<b>17</b>			0
<b>18</b> Retirement plans, etc.	<b>18</b>			0
<b>19</b> Employee benefit programs	<b>19</b>			0
<b>20</b> Other deductions (attach schedule)	<b>20</b>			0
<b>21</b> Total deductions. Add the amounts shown in the far right column for lines 9 through 20	<b>21</b>			0
<b>22</b> Ordinary income (loss) from trade or business activities. Subtract line 21 from line 8	<b>22</b>			-342,993

Sign  
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member

Date

<b>Paid Preparer</b>	Preparer's signature	Date 11/12/2001	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
<b>Use Only</b>	Firm's name (or yours if self-employed), address, and ZIP code	Perfectly Balanced Books 133 Garden Ave N. Clearwater	State FL	EIN 52-2304506 Phone 727.445.9707 ZIP code 33755