


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90099 025 \*\*\*\*50.00

**DOCUMENT # L01000002066**

1. Entity Name  
 ELLIOTT PROPERTIES, L.L.C.



Principal Place of Business 3291 WILDE LAKE BLVD. PENSACOLA, FL 32526	Mailing Address 3291 WILDE LAKE BLVD. PENSACOLA, FL 32526
---	---

**DO NOT WRITE IN THIS SPACE**



04192005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3705954	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

ELLIOTT, MARCIA G  
 3291 WILDE LAKE BLVD.  
 PENSACOLA, FL 32526

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>P</i> MARCIA FRANGIA, ELLIOT 3291 WILDE LAKE BLD PENSACOLA, FL 32526
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]* Date: *4-26-05* Daytime Phone #: *850-944-0232*

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