


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000008377 1. Entity Name R.S. ELLIOTT FAMILY, L.L.C.	
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Principal Place of Business 1403 GREEN COVE RD WINTER PARK, FL 32789	Mailing Address 1403 GREEN COVE RD WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3721736	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LOWMAN, WILLIAM R JR 315 E ROBINSON ST SUITE 600 ORLANDO, FL 32802

**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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

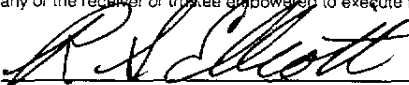
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ELLIOTT, RANDOLPH S 1403 GREEN COVE RD WINTER PARK, FL 32789
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01/20/04-80075-020 50.00

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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)(f), 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:  R.S. Elliott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 1-15-04 407-423-3472
Date Daytime Phone #