2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000008377

1. Entity Name

R.S. ELLIOTT FAMILY, L.L.C.



FILED Apr 11, 2008 08:00 A Secretary of State

Principal Place of Business

929 GREENTREE DR WINTER PARK, FL 32789 Mailing Address

929 GREENTREE DR WINTER PARK, FL 32789



02292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
<u>59-3721736</u>		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

315 E RO	I, WILLIAM R JR BINSON ST SUITE 600 O, FL 32802	,	DO NOT WRITE IN THIS SPACE		
8. The above the obliga	e named entity submits this statement for the purpose of cha ations of registered agent.	anging its registered office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE		
FILI After Ma	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		#90000891733 04/23/08-90037-009 138 75		
9.	MANAGING MEMBERS/MANAGERS				
NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLIOTT, RANDOLPH S 929 GREENTREE DR WINTER PARK, FL 32789				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
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11. I hereby of indicated	certify that the information supplied with this filing does not on this report is true and accurate and that my signature s	qualify for the exemptions contained in Chapter 119 shall have the same legal effect as if made under out	, Florida Statutes. I further certify that the information h; that I am a managing member or manager of the		

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

4-8-8

Daytime Phone #