

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000021197

1. Entity Name
FLAD/ELLIOTT, MARSHALL, INNES, LLC



Principal Place of Business
251 E. 7TH AVE.
TALLAHASSEE, FL 32303

Mailing Address
251 E. 7TH AVE.
TALLAHASSEE, FL 32303



01192005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0573480

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, WILLIAM R JR.
251 E. 7TH AVE.
TALLAHASSEE, FL 32303

**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 250.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BLASSICK, JOHN E
STREET ADDRESS	3300 SW ARCHER RD
CITY- ST- ZIP	GAINESVILLE, FL 32608
TITLE	MGR
NAME	GYLLSTROM, THOMAS H
STREET ADDRESS	3300 SW ARCHER RD
CITY- ST- ZIP	GAINESVILLE, FL 32608
TITLE	MGRM
NAME	ELLIOT, WILLIAM ROBERT
STREET ADDRESS	251 EAST 7TH AVENUE
CITY- ST- ZIP	TALLAHASSEE, FL 32303
TITLE	MGR
NAME	MARSHALL, RICHARD B
STREET ADDRESS	251 EAST 7TH AVENUE
CITY- ST- ZIP	TALLAHASSEE, FL 32303
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

19 JAN 2005 850.222.7442

Date

Daytime Phone #