


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L02000002017	
1. Entity Name ELLIS FAMILY LLC	

Principal Place of Business 2446 FOXWOOD ROAD, SOUTH ORANGE PARK, FL 32073	Mailing Address 2446 FOXWOOD ROAD, SOUTH ORANGE PARK, FL 32073
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 02-0597169	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LEUCHTMAN, GARY B  
 3 WEST GARDEN ST., STE 700  
 PENSACOLA, FL 32501

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
 Due by May 1, 2007

MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELLIS, WILLIAM E JR 2446 FOXWARD RD SOUTH ORANGE PARK, FL 32073
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 04/19/07-80029-002 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William E Ellis      4/9/07      (904) 612-9382  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #