2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

		ANNUAL	_	Pice						
DOCUMENT # L02000004331							FILE	D		
1. Entity Nam		ELLOWS, LLC						*****		
						5000	EB 14 PM	3: 28		
Principal Plac	e of Busines	S	Mailing Address		1/1	TALLA	ETARY OF HASSEE. F	STATE		
120 S. MONROE STREET TALLAHASSEE, FL 32301			P.O. BOX 10570 TALLAHASSEE, FL 32302			11,627	MOSEE.F	ORIDA	4	
INCLAINSSE	.C, IC 3230	•	TALLANASSEE, FL 32	.302	11 41	, 12 E 12 E 1				
Principal Place of Business - No P.O. Box # 3. Mailing Address					# / $+$	-				
203 N. Gadsden St. P.O. B Suite, Apt. #, etc. Suite, Apt. #, etc.					3	1 10 11 11 11 11 11 11	INICA IIBII MNIIF NNIA NNFI	ES BS 618	10 11168 11161 1163	28: 111 (28)
	14C 2	B				01172008	Chg-LLC	CR2E08	33 (12/06)	
Tallahasse FL			Tallahassee, FL.			4. FEI Number 01-0634			 	plied For t Applicable
Zip 3a		Country W.S.A.	3a 30 a	Cour		5. Certificate of	of Status Desired		5.00 Addi ee Required	
	6. Name	and Address of Current I	Registered Agent	•	Name	7. Name and	Address of New R	egistered A	gent	
BRADSHA										
120 S. MONROE STREET TALLAHASSEE, FL 32301					Street Address (P.O. Box Number is Not Acceptable)					
									1 = -	
					City			FL	Zip Code	
	named entititions of regis	y submits this statement for tered agent.	the purpose of changing it	s register	ed office or register	red agent, or both	n, in the State of Flo	rida. I am f	amiliar with, a	and accept
SIGNATURE .	Signature types	or printed name of registered agent a	not title if applicable	TE: Banaia		- Luthen minetotenn)		DATE		
	Signature, typec		The title is appreciable.	TE: Negster	d gent signature required	when revisialing)		DATE		
		FEE IS \$138.75 Fee will be \$538.75						e check pa Departmo	ayable to ent of State	
9.		MANAGING MEMBE	RS /MANIAGERS	10.		, :	ADDITIONS/	CHANGES		
TITLE	MGR	MANAGING MEMBE	Delete	TITL					Change	Addilion
NAME STREET ADDRESS	BRADSH PO BOX	AW, PAUL 10570		AE EET ADDRESS	02 72870801003017 ** 13 8 .75				. 75	
CITY-ST-ZIP	TALLAHA	ASSEE, FL 32302			/-ST-ZIP					
TITLE NAME	MGR RANCOU	IRT, DAVID	Delete	TITL NAM			-		☐ Change	Addition
STREET ADDRESS	PO BOX	10570		STR	EET ADORESS					
CITY-ST-ZIP	MGR	ASSEE, FL 32302	☐ Detete	TITL	r-ST-ZIP				☐ Change	Addition
NAME	TILLEY, O		Li Deseit	NAM	AE .				Onlings	Addition
STREET ADDRESS CITY-ST-ZIP		ADSEN ST ASSEE, FL 32301			EET ADORESS (-ST-ZIP					
TITLE	MGR		Delete	TITE	£				☐ Change	Addition
NAME STREET ADDRESS	1	HOLDINGS, LLC GWOOD HILL		NAM STR	AE EET AODRESS					
CITY-ST-ZIP		ASSEE, FL 32308			r-ST-ZIP					
TITLE NAME			☐ Delete	TITL NAA	l l				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP					
TITLE			☐ Delete	TITL					☐ Change	☐ Addition
NÂME STREET ADDRESS				AAA ato	AE EET ADDRESS				-	Ì
STY-ST-ZIP					Y-ST-ZIP					
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:										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED DEPRESENTATIVE Date Date Dayling Phone P										