


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000010526 1. Entity Name ELEMENTARY CLOSET ORGANIZATION, LLC	
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Principal Place of Business P.O. BOX 7176 DELRAY BEACH, FL 33482	Mailing Address P.O. BOX 7176 DELRAY BEACH, FL 33482
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DO NOT WRITE IN THIS SPACE



02092005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 58-2671238	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PANELLA, LUCY A 4071 PALM FOREST DRIVE NORTH DELRAY BEACH, FL 33445	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000226190
02/12/05-80005-016 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PANELLA, LUCY A P.O. BOX 7176 DELRAY BEACH, FL 33482
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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: *Lucy A. Panella* **2-9-05** **561-865-0621**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #