## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000014925

Entity Name: ELK RIVER GROUP, LLC

FILED Jan 04, 2005 Secretary of State

Date

() Change () Addition

Current Principa	al Place of Business:	New Principal Place of Business:

3303 PARKWAY CENTER COURT 3469 PARKWAY CENTER COURT

SUITE A SUITE A

ORLANDO, FL 32808 US ORLANDO, FL 32808 US

Current Mailing Address: New Mailing Address:

3303 PARKWAY CENTER COURT 3469 PARKWAY CENTER COURT

SUITE A SUITE A
ORLANDO, FL 32808 US ORLAND

Electronic Signature of Registered Agent

(X) Delete

ELLSWORTH, JUDITH L

9648 MCCORMACK PLACE

WINDERMERE, FL 34786

ORLANDO, FL 32808 US

FEI Number: 59-3739213 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FARSAD, BEHSHID 5626 CRAINDALE DR. ORLANDO, FL 32819 US

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.

SIGNATURE:

Title:

Name:

Address:

City-St-Zip:

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete FARSAD, BEHSHID Name: Name: 5626 CRAINDALE DR. Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition FARSAD, ROBYN S Name: Name: Address: 5626 CRAINDALE DR. Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ELLSWORTH, RANDY M Name: Name: Address: 1889 CRESTRIDGE DR. Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: ELLSWORTH, CAROL Name: Address: 1889 CRESTRIDGE DR. Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition ELLSWORTH, DONALD H ELLSWORTH, JUDITH L Name: Name: 9648 MCCORMACK PLACE 9648 MCCORMACK PLACE Address: Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BEHSHID FARSAD MGR 01/04/2005