2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2004
Secretary of State

DOCUMENT# L03000015413

Entity Name: ELLIS BLUTH LLC

Current Principal Place of Business:

2612 N. ATLANTIC BLVD
FT LAUDERDALE, FL 33308

New Principal Place of Business:

401 E. LAS OLAS BLVD
1500
FT LAUDERDALE, FL 33301

Current Mailing Address:

2612 N. ATLANTIC BLVD
FT LAUDERDALE, FL 33308

New Mailing Address:

401 E. LAS OLAS BLVD
1500
FT LAUDERDALE, FL 33301

FEI Number: 14-1882555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLUTH, THOMAS M
2612 N ATLANTIC BLVD
FT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

BLUTH, THOMAS M
401 E. LAS OLAS BLVD
1500
FT LAUDERDALE, FL 33301 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: 03/26/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: ELLIS, JAMES F MGRM
Address: 401 E. LAS OLAS BLVD, SUITE 1500
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM ( ) Change (X) Addition
Name: BLUTH, THOMAS M
Address: 401 E. LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

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.

SIGNATURE: THOMAS M. BLUTH MGMR 03/26/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date