


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90100 002 ****50.00

DOCUMENT # L03000029941 1. Entity Name ELLENTON VENTURE, LLC					
Principal Place of Business 4007 BAYSIDE DR. BRADENTON, FL 34210				Mailing Address 4007 BAYSIDE DR. BRADENTON, FL 34210	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SILVERMAN, MICHELINE 4007 BAYSIDE DR. BRADENTON, FL 34210				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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: <u>Michele Silverman</u> <u>Michele Silverman</u> <u>2/9/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>HARRIS SILVERMAN, AS</u> <input type="checkbox"/> Delete <u>TRUSTEE OF THE HARRIS SILVERMAN</u> <u>REVOCABLE TRUST DATED 7/19/1997</u> <u>4007 BAYSIDE DRIVE, BRADENTON, FL 34210</u>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MICHELE SILVERMAN, AS</u> <input type="checkbox"/> Delete <u>TRUSTEE OF THE MICHELE SILVERMAN</u> <u>REVOCABLE TRUST DATED 7/19/1997</u> <u>4007 BAYSIDE DRIVE, BRADENTON, FL 34210</u>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Michele Silverman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>2/9/04</u> <u>941-756-7704</u> <small>Date Daytime Phone #</small>	