

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90158 007 \*\*\*\*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**

**20015194**



02132005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0185737**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SILVERMAN, MICHELINE  
4007 BAYSIDE DR.  
BRADENTON, FL 34210**

**DO NOT WRITE  
IN THIS SPACE**

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

*Micheline Silverman*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/15/05**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	AS
NAME	SILVERMAN, HARRIS
STREET ADDRESS	4007 BAYSIDE DRIVE
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	AS
NAME	SILVERMAN, <u>MICHELLE</u> Micheline
STREET ADDRESS	4007 BAYSIDE DRIVE
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Micheline Silverman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**941 756 7704**

**2/15/05**