

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000030221

1. Entity Name  
ELLIS ROAD INDUSTRIAL COMPLEX, L.L.C.



Principal Place of Business  
4320 WOODLAND PARK DRIVE  
WEST MELBOURNE, FL 32904

Mailing Address  
4320 WOODLAND PARK DRIVE  
WEST MELBOURNE, FL 32904



01092008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0267652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

~~CUNNINGHAM, GARY R~~ *W. ROBERT ANDERSON JR.*  
4320 WOODLAND PARK DRIVE  
WEST MELBOURNE, FL 32904

**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

*W. Robert Anderson Jr.*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*4/17/08*

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000913809  
05/08/08-80033-020 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <i>James A. Sissonson</i> <del>CUNNINGHAM, GARY R</del> 4320 WOODLAND PARK DRIVE WEST MELBOURNE, FL 32904
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*James A. Sissonson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4/17/08 321-752-0935*  
Date Daytime Phone #