

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042723

Entity Name: TELLUS, LLC

FILED
May 31, 2005
Secretary of State

Current Principal Place of Business:

982 CHERRY BRANCH CT.
HEATHROW, FL 32746

New Principal Place of Business:

Current Mailing Address:

982 CHERRY BRANCH CT.
HEATHROW, FL 32746

New Mailing Address:

FEI Number: 33-1074336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FRILOT, JAMES M
982 CHERRY BRANCH CT.
HEATHROW, FL 32746 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FRILOT, JAMES M PRES
Address: 982 CHERRY BRANCH CT
City-St-Zip: HEATHROW, FL 32746

Title: MGRM (X) Delete
Name: HIME, GEORGE A VP
Address: 533 RANDON TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Delete
Name: ALEXANDER, JEFFERY VP
Address: 986 CHERRY BRANCH CT
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES M FRILOT

MGRM

05/31/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date