


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000047351</b>		
1. Entity Name RON ELLIS, LC		
Principal Place of Business 1455 RIDGE LAKE CT LAKELAND FL 33801 US		Mailing Address 1455 RIDGE LAKE CT LAKELAND FL 33801 US



1st MOORE CR2E083 (10/04)

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>NO-T APPLICABLE</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent  ELLIS, RON 1455 RIDGE LAKE CT LAKELAND FL 33801		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM ELLIS, RON 1455 RIDGE LAKE CT LAKELAND FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	11000001281180 03/30/05-80048-012 50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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)(f), 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:**  **RON ELLIS LC** 3/24/05 863-295-1094  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #