

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006101

FILED  
Sep 06, 2005  
Secretary of State

**Entity Name:** ELLEN EQUITIES, L.L.C.

**Current Principal Place of Business:**

2464 ST. JOSEPH  
WEST BLOOMFIELD, MI 48324

**New Principal Place of Business:**

**Current Mailing Address:**

2464 ST. JOSEPH  
WEST BLOOMFIELD, MI 48324

**New Mailing Address:**

**FEI Number:**  **FEI Number Applied For (X)**  **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:**

GALLE, CRAIG T  
11199 POLO CLUB ROAD  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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/MANAGERS:**

Title:  Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM  Change  Addition  
Name: CHARNES, ELLEN  
Address: 2464 ST. JOSEPH ST.  
City-St-Zip: WEST BLOOMFIELD, MI 48324

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: ELLEN CHARNES

MGRM

09/06/2005

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