

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000011082 1. Entity Name ELLIS GUTTERS LLC	
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Principal Place of Business 5371 CONSTITUTION ROAD CRESTVIEW, FL 32539	Mailing Address 5371 CONSTITUTION ROAD CRESTVIEW, FL 32539
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DO NOT WRITE IN THIS SPACE



04302007No Chg-LLC CR2E083 (11/05)

4. FEI Number 83-0385924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ELLIS, JAMES D 5371 CONSTITUTION ROAD CRESTVIEW, FL 32539
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating)

**Filing Fee is \$50.00
Due by May 1, 2007**

100000758825
05/23/07-80045-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELLIS, JAMES D 5371 CONSTITUTION ROAD CRESTVIEW, FL 32539
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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 D Ellis Date: 4-30-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #