
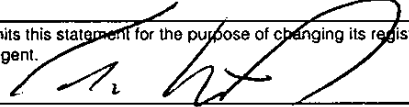
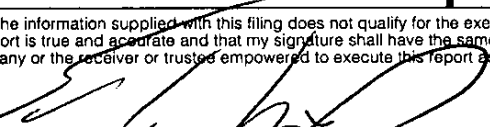


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90066 036 ****50.00

DOCUMENT # L04000033580					
1. Entity Name ELLIOTT & TABOR, LLC					
Principal Place of Business 223 TAYLOR STREET PUNTA GORDA, FL 33950 US			Mailing Address 223 TAYLOR STREET PUNTA GORDA, FL 33950 US		
2. Principal Place of Business 101 Taylor Street Suite, Apt. #, etc.		3. Mailing Address 101 Taylor Street Suite, Apt. #, etc.			
City & State Punta Gorda, FL		City & State Punta Gorda, FL		4. FEI Number 20-1077335	
Zip 33950		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WOTITZKY, EDWARD L 223 TAYLOR STREET PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent: Name Wotitzky, Edward L. Street Address (P.O. Box Number is Not Acceptable) 109 Taylor Street - Suite 112 City Punta Gorda FL Zip Code 33950	
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  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOTITZKY, EDWARD L 223 TAYLOR STREET PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERSON, CECIL T 101 TAYLOR STREET PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <u>7/12/05</u> Daytime Phone # <u>(41) 635-2171</u>					