

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039473

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: ELLENDALE ENTERPRISES, LLC

**Current Principal Place of Business:**

15011 PUNTA RASSA RD  
BLDG 3 UNIT 502  
FT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

15011 PUNTA RASSA RD  
BLDG 3 UNIT 502  
FT MYERS, FL 33908

**New Mailing Address:**

3358 EDEN VILLAGE PLACE  
CARMEL, IN 46033

FEI Number: 20-1255519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MEDLEY, LEE  
9841 LAS CASAS DR  
FT MYERS, FL 33919 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MEDLEY, LEE  
Address: 15011 PUNTA RASSA RD, BLDG 3-UNIT 502  
City-St-Zip: FT MYERS, FL 33908

Title: MGRM ( ) Delete  
Name: MEDLEY, MYRA  
Address: 15011 PUNTA RASSA RD, BLDG 3-UNIT 502  
City-St-Zip: FT MYERS, FL 33908

**ADDITIONS/CHANGES:**

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: LEE MEDLEY

MGRM

04/18/2005

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