

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059985

Entity Name: ELLE PROPERTIES, LLC

FILED  
Apr 09, 2006  
Secretary of State

**Current Principal Place of Business:**

1647 CHALLEN AVENUE  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

1647 CHALLEN AVENUE  
JACKSONVILLE, FL 32205

**New Mailing Address:**

FEI Number: 20-1543252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KILGO, NANCY A VP  
1647 CHALLEN AVENUE  
JACKSONVILLE, FL 32205 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: MGRM ( ) Delete  
Name: KILGO, NANCY A  
Address: 1647 CHALLEN AVE  
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: MGRM ( ) Delete  
Name: REID, LINDA B  
Address: 3043 CR 220  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: MGRM ( ) Delete  
Name: KINGSNORTH, CHARLENE  
Address: 5991 CHESTER AVENUE, SUITE 201  
City-St-Zip: JACKSONVILLE, FL 32217 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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: NANCY A KILGO

MGRM

04/09/2006

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