


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90378 011 ****50.00

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|--|---|---|--|---|--|
| DOCUMENT # L04000061950 | | | |  | |
| 1. Entity Name ELL, LLC | | | | | |
| Principal Place of Business 2367 MOODY AVENUE ORANGE PARK, FL 32073 | | Mailing Address 2367 MOODY AVENUE ORANGE PARK, FL 32073 | | | |
| 2. Principal Place of Business - No P.O. Box # 13813 CARTERS GROVE LN | | 3. Mailing Address 13813 CARTERS GROVE LN | | | |
| Suite, Apt. #, etc. JACKSONVILLE, FLORIDA | | Suite, Apt. #, etc. JACKSONVILLE, FL | | | |
| City & State | | City & State | | | |
| Zip 32223 | Country DUVAL | Zip 32223 | Country DUVAL | 04122007 Chg-LLC CR2E083 (12/06) | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| AKEL, EDWARD C ONE INDEPENDENT DRIVE STE.2301 JACKSONVILLE, FL 32202 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL | Zip Code |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR BOUCHELLE, LOUIS H 2367 MOODY AVENUE ORANGE PARK, FL 32073 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR Bouchelle, Louis H. 1890 Horseshoe Cove Rd. Waverly, GA 31565 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Bouchelle, Elaine J. 1890 Horseshoe Cove Rd. Waverly, GA 31565 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Bouchelle, Louis J. 13813 CARTERS GROVE LN JACKSONVILLE, FL 32223 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Louis H. Bouchelle</i> | | | Date: 4/20/07 Daytime Phone #: (904) 449-1071 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |