

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000061950**

1. Entity Name  
**ELL, LLC**



Principal Place of Business  
**13813 CARTERS GROVE  
 JACKSONVILLE, FL 32223**

Mailing Address  
**13813 CARTERS GROVE  
 JACKSONVILLE, FL 32223**



04132008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1722782</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**AKEL, EDWARD C  
 ONE INDEPENDENT DRIVE STE.2301  
 JACKSONVILLE, FL 32202**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE 04/28/08

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

04/28/08-80003-002 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOUCHELLE, LOUIS H 1890 HORSEHOE COVE RD WAVERLY, GA 31565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUCHELLE, ELAINE J 1890 HORSESHOE COVE RD WAVERLY, GA 31565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUCHELLE, LOUIS 13813 CARTERS GROVE LANE JACKSONVILLE, FL 32223
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *Louis J Bouchelle*

*4-14-08 (904)949-1671*