

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90294 017 ****50.00

DOCUMENT # L04000085240

1. Entity Name
ELRO TRADITION, LLC



Principal Place of Business
1200 SWEETWATER CLUB ROAD
LONGWOOD, FL 32779

Mailing Address
1200 SWEETWATER CLUB ROAD
LONGWOOD, FL 32779

2. Principal Place of Business
516 Cooper Commerce Dr.
Suite 200

3. Mailing Address
516 Cooper Commerce Dr.
Suite 200

City & State
Apopka FL

City & State
Apopka FL

ZIP
32703

Country

ZIP
32703

Country



02282006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1935935

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAUL WOLMARANS
1200 SWEETWATER CLUB BLVD
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

516 Cooper Commerce Dr.
Suite 200

City
Apopka

FL 32703

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

Signature of principal or principal name of registered agent. (NOTE: Registered Agent signature required when reinstating)

PAUL G. WOLMARANS

2/28/2006

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME WOLMARANS, PAUL
STREET ADDRESS 1200 SWEETWATER CLUB ROAD
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE MGR ☐ Delete
NAME ROSS, JOHANNES
STREET ADDRESS 1200 SWEETWATER CLUB ROAD
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/28/2006 321-396-3493

Date

Daytime Phone #