


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000085240

1. Entity Name
ELRO TRADITION, LLC



Principal Place of Business 516 COOPER COMMERCE DR STE 200 APOPKA, FL 32703	Mailing Address 516 COOPER COMMERCE DR STE 200 APOPKA, FL 32703
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02132008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1935935	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WOLMARANS, PAUL G
 1200 SWEETWATER CLUB BLVD.
 LONGWOOD, FL 32779**

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 _____


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

U00000838968
 03/05/08-80051-015 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLMARANS, PAUL G 1200 SWEETWATER CLUB BLVD. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSS, JOHANNES 1200 SWEETWATER CLUB BLVD LONGWOOD, FL 32779
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DO NOT WRITE 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:  **2/18/08** **321-396-3493**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #