

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085240

Entity Name: ELRO TRADITION, LLC

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

516 COOPER COMMERCE DR
STE 200
APOPKA, FL 32703

Current Mailing Address:

516 COOPER COMMERCE DR
STE 200
APOPKA, FL 32703

New Principal Place of Business:

516 COOPER COMMERCE DR
SUITE 200
APOPKA, FL 32703

New Mailing Address:

516 COOPER COMMERCE DR
SUITE 200
APOPKA, FL 32703

FEI Number: 20-1935935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WOLMARANS, PAUL G
516 COOPER COMMERCE DRIVE
SUITE 200
APOPKA, FL 32703 US

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:

02/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOLMARANS, PAUL G
Address: 1200 SWEETWATER CLUB BLVD.
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM () Delete
Name: ROSS, JOHANNES
Address: 1200 SWEETWATER CLUB BLVD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WOLMARANS, PAUL G
Address: 516 COOPER COMMERCE DR SUTIE 200
City-St-Zip: APOPKA, FL 32703

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

I hereby certify that the information supplied with this filing does not qualify 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: PAUL G WOLMARANS

MGRM

02/05/2009

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