

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001548

Entity Name: ELLA, LLC

FILED
Apr 10, 2006
Secretary of State

Current Principal Place of Business:

317 RIVEREDGE BLVD.
#104
COCOA, FL 32922

New Principal Place of Business:

375 COMMERCE PKWY
SUITE 202
ROCKLEDGE, FL 32955

Current Mailing Address:

317 RIVEREDGE BLVD.
#104
COCOA, FL 32922

New Mailing Address:

375 COMMERCE PKWY
SUITE 202
ROCKLEDGE, FL 32955

FEI Number: 01-0826380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, ERIN L
317 RIVEREDGE BLVD
#104
COCOA, FL 32922 US

Name and Address of New Registered Agent:

LONG, ERIN L
375 COMMERCE PKWY
SUITE 202
ROCKLEDGE, FL 32955 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: ERIN L. LONG

04/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LONG, AMY L
Address: 93 DELANNOY AVE #903
City-St-Zip: COCOA, FL 32922

Title: MGRM () Delete
Name: LONG, ERIN L
Address: 93 DELANNOY AVE #903
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEBRON, AMY L
Address: 65 MOORE AVE
City-St-Zip: MERRITT ISLAND, FL 32955

Title: MGRM (X) Change () Addition
Name: LONG, ERIN L
Address: 1480 ROOSEVELT AVE #102
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the 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: ERIN L. LONG

MGRM

04/10/2006

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