


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000071373
 1. Entity Name
 EL RIO GROUP LLC



Principal Place of Business: 3708 FLORES AVE, SARASOTA FL 34239
 Mailing Address: 3708 FLORES AVE, SARASOTA FL 34239



2. Principal Place of Business No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent
 ELLIS, STEVE
 3708 FLORES AVE
 SARASOTA FL 34239

4. FEI Number: 74-3148424
 Applied For: Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent is to be typed or printed. (NOTE: Registered agents do not receive a receipt when filing.)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State


9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ELLIS, STEVE W	
STREET ADDRESS	3708 FLORES AVE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MILLS, SHERRI	
STREET ADDRESS	3708 FLORES AVE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CASTRO, PABLO	
STREET ADDRESS	2050 EUCLID TERR.	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LINN, PAUL	
STREET ADDRESS	5811 N.W. 31ST TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FOLIT, RUTH	
STREET ADDRESS	650 INDIAN BEACH LANE	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000804398	
CITY-ST-ZIP	02/05/08-80086-020 138.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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 808, Florida Statutes.

SIGNATURE:  DATE: 1/26/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE