

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077718

Entity Name: ELLIXSON EQUIPMENT LLC

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

PO BOX 589  
TAVARES, FL 32778

**New Principal Place of Business:**

22904 ROBBINS RD  
ASTATULA, FL 34705

**Current Mailing Address:**

PO BOX 589  
TAVARES, FL 32778

**New Mailing Address:**

FEI Number: 20-3277380      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

EAGLE ACCOUNTING & TAXES LLC  
1006 S BAY ST  
EUSTIS, FL 32726      US

**Name and Address of New Registered Agent:**

EAGLE ACCOUNTING & TAXES LLC  
320 W OAK TERR DR  
SUITE 150  
LEESBURG, FL 34748      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: RENEE STOFFEL

05/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: ELLIXSON, KEITH  
Address: PO BOX 589  
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES:**

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: KEITH ELLIXSON

MGRM

05/01/2007

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