

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000019019

**FILED**  
**Jun 06, 2009**  
**Secretary of State****Entity Name:** ELLIJAY ASSOCIATES, LLC**Current Principal Place of Business:**25110 BERNWOOD DRIVE  
SUITE 101  
BONITA SPRINGS, FL 34135**New Principal Place of Business:****Current Mailing Address:**25110 BERNWOOD DRIVE  
SUITE 101  
BONITA SPRINGS, FL 34135**New Mailing Address:****FEI Number:** 20-4410453**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RASMUS, MARK K  
25110 BERNWOOD DRIVE  
SUITE 101  
BONITA SPRINGS, FL 34135 US**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**MANAGING MEMBERS/MANAGERS:**Title: MGR ( ) Delete  
Name: RASMUS, MARK K  
Address: 25110 BERNWOOD DRIVE, SUITE 101  
City-St-Zip: BONITA SPRINGS, FL 34135Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: MGR ( ) Change (X) Addition  
Name: SVOBODA, BRIT E  
Address: 25110 BERNWOOD DRIVE, SUITE 101  
City-St-Zip: BONITA SPRINGS, FL 34135

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: MARK K. RASMUS

MGR

06/06/2009

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