


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 06, 2007 8:00 am**  
**Secretary of State**

08-06-2007 90056 037 \*\*\*\*50.00

<b>DOCUMENT # L06000041982</b> 1. Entity Name <b>ELLIS GROVE, LLC</b>					
Principal Place of Business <b>11812 SPANISH LAKE DR TAMPA, FL 33635</b>			Mailing Address <b>11812 SPANISH LAKE DR TAMPA, FL 33635</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-4735073</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		08012007    Chg-LLC    CR2E083 (12/06)			
6. Name and Address of Current Registered Agent  <b>SACARELLO, JAMES R 11812 SPANISH LAKE DRIVE TAMPA, FL 33635</b>			7. Name and Address of New Registered Agent Name <b>Darlene J. Schmidt</b> Street Address (P.O. Box Number is Not Acceptable) <b>1009 Symphony Isles Blvd.</b> City <b>Apollo Beach</b> <b>FL</b> Zip Code <b>33572</b>		
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 <u><i>Darlene J. Schmidt</i></u> 8/1/07    DATE					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to — Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SACARELLO, JAMES R 11812 SPANISH LAKE DRIVE TAMPA, FL 33635</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ENTRUST OF TAMPA BAY, LLC, IRA 451 CENTRAL PARK DR LARGO, FL 33771</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ENTRUST OF TAMPA BAY, LLC, IRA 451 CENTRAL PARK DR LARGO, FL 33771</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SCHMIDT, ANDREW H 451 CENTRAL PARK DR LARGO, FL 33771</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1009 Symphony Isles Blvd. Apollo Beach, FL 33572</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SCHMIDT, DARLENE J 451 CENTRAL PARK DR LARGO, FL 33771</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1009 Symphony Isles Blvd. Apollo Beach, FL 33572</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 608, Florida Statutes.					
<b>SIGNATURE:</b> <u><i>Darlene J. Schmidt</i></u>		8/1/07		813-641-1598	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS  
P.O. Box 8700  
Tallahassee, Florida 32314

ATTACHMENT

First-Class Mail  
U.S. Postage  
**PAID**  
State of Florida  
84321

60054211

## NOTICE OF INTENT TO DISSOLVE

0291379 01 AV Q.191 \*\*AUTO H1 1 1203 33635-631112



ELLIS GROVE, LLC  
11812 SPANISH LAKE DR  
TAMPA FL 33635-6311

\* Please do not dissolve  
Report enclosed w/ check!

**\* DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING \***

**OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.**

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document #

**L06000041982**

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11812 SPANISH LAKE DR  
TAMPA FL 33635-6311

Note: This is not a change  
to the address of record.



2007  
CR2E095 - 2nd 3/07