

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000041982

**FILED**  
**Aug 04, 2008**  
**Secretary of State****Entity Name:** ELLIS GROVE, LLC**Current Principal Place of Business:**1009 SYMPHONY ISLES BLVD  
APOLLO BEACH, FL 33572**New Principal Place of Business:****Current Mailing Address:**1009 SYMPHONY ISLES BLVD  
APOLLO BEACH, FL 33572**New Mailing Address:****FEI Number:** 20-4735073**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SCHMIDT, DARLENE  
1009 SYMPHONY ISLES BLVD  
APOLLO BEACH, FL 33572 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: SACARELLO, JAMES R  
Address: 11812 SPANISH LAKE DRIVE  
City-St-Zip: TAMPA, FL 33635Title: MGRM (X) Delete  
Name: ENTRUST OF TAMPA BAY, , LLC, IRA  
Address: 451 CENTRAL PARK DR  
City-St-Zip: LARGO, FL 33771Title: MGRM (X) Delete  
Name: ENTRUST OF TAMPA BAY, , LLC, IRA  
Address: 451 CENTRAL PARK DR  
City-St-Zip: LARGO, FL 33771Title: MGRM ( ) Delete  
Name: SCHMIDT, ANDREW H  
Address: 1009 SYMPHONY ISLES BLVD  
City-St-Zip: APOLLO BEACH, FL 33572Title: MGRM ( ) Delete  
Name: SCHMIDT, DARLENE J  
Address: 1009 SYMPHONY ISLES BLVD  
City-St-Zip: APOLLO BEACH, FL 33572**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip: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: DARLENE J. SCHMIDT

MGRM

08/04/2008

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