

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 02, 2007 8:00 am
Secretary of State

03-23-2007 90168 050 ****50.00

DOCUMENT # L06000044377 1. Entity Name ELLIS 807, LLC																																				
Principal Place of Business 1425 BUCKNOLL COVE NEPTUNE BEACH FL 32266			Mailing Address 1425 BUCKNOLL COVE NEPTUNE BEACH FL 32266																																	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																	
City & State			City & State																																	
Zip		Country		Zip																																
Country		Country		4. FEI Number 20-4789574																																
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable																																
6. Name and Address of Current Registered Agent DALE HOWARD L 200 W. FORSYTH ST SUITE 1100 JACKSONVILLE FL 32202-4308				7. Name and Address of New Registered Agent Name MALCOLM F. MARVIN Street Address (P.O. Box Number is Not Acceptable) 1425 BUCKNOLL COVE City NEPTUNE Bch FL 32266																																
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 registration.																																				
SIGNATURE 4/1/07 Signature, dated on or before month of registration, and this is applicable (PRINT: Registered Agent's signature represents entire registration)																																				
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;"> 901 NAME 902 STREET ADDRESS 903 CITY-STATE-ZIP </td> <td style="width: 55%;"> OWNER MALCOLM F. MARVIN 1425 BUCKNOLL COVE NEPTUNE Bch, FL 32266 </td> <td style="width: 10%; text-align: center;"> ☐ Delete </td> <td style="width: 15%;"> 101 NAME 102 STREET ADDRESS 103 CITY-STATE-ZIP </td> <td style="width: 55%;"> 104 Change ☐ Addition ☐ </td> </tr> <tr> <td> 904 NAME 905 STREET ADDRESS 906 CITY-STATE-ZIP </td> <td> SECRETES </td> <td style="text-align: center;"> ☐ Delete </td> <td> 101 NAME 102 STREET ADDRESS 103 CITY-STATE-ZIP </td> <td> 104 Change ☐ Addition ☐ </td> </tr> <tr> <td> 907 NAME 908 STREET ADDRESS 909 CITY-STATE-ZIP </td> <td></td> <td style="text-align: center;"> ☐ Delete </td> <td> 101 NAME 102 STREET ADDRESS 103 CITY-STATE-ZIP </td> <td> 104 Change ☐ Addition ☐ </td> </tr> <tr> <td> 910 NAME 911 STREET ADDRESS 912 CITY-STATE-ZIP </td> <td></td> <td style="text-align: center;"> ☐ Delete </td> <td> 101 NAME 102 STREET ADDRESS 103 CITY-STATE-ZIP </td> <td> 104 Change ☐ Addition ☐ </td> </tr> <tr> <td> 913 NAME 914 STREET ADDRESS 915 CITY-STATE-ZIP </td> <td></td> <td style="text-align: center;"> ☐ Delete </td> <td> 101 NAME 102 STREET ADDRESS 103 CITY-STATE-ZIP </td> <td> 104 Change ☐ Addition ☐ </td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			901 NAME 902 STREET ADDRESS 903 CITY-STATE-ZIP	OWNER MALCOLM F. MARVIN 1425 BUCKNOLL COVE NEPTUNE Bch, FL 32266	☐ Delete	101 NAME 102 STREET ADDRESS 103 CITY-STATE-ZIP	104 Change ☐ Addition ☐	904 NAME 905 STREET ADDRESS 906 CITY-STATE-ZIP	SECRETES	☐ Delete	101 NAME 102 STREET ADDRESS 103 CITY-STATE-ZIP	104 Change ☐ Addition ☐	907 NAME 908 STREET ADDRESS 909 CITY-STATE-ZIP		☐ Delete	101 NAME 102 STREET ADDRESS 103 CITY-STATE-ZIP	104 Change ☐ Addition ☐	910 NAME 911 STREET ADDRESS 912 CITY-STATE-ZIP		☐ Delete	101 NAME 102 STREET ADDRESS 103 CITY-STATE-ZIP	104 Change ☐ Addition ☐	913 NAME 914 STREET ADDRESS 915 CITY-STATE-ZIP		☐ Delete	101 NAME 102 STREET ADDRESS 103 CITY-STATE-ZIP	104 Change ☐ Addition ☐
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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 608, Florida Statutes.																																				
SIGNATURE: 3/26/07 904 874-7602 SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																				