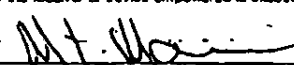


FILED
May 02, 2007 8:00 am
Secretary of State

03-23-2007 90168 044 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L06000044379			
1. Entity Name ELLIS FSG, 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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 30-4790219		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
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. MARON Street Address (P.O. Box Number is Not Acceptable) 1425 BUCKNOLL COVE City NEPTUNE Bch FL Zip 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 registered agent.			
SIGNATURE 		4/1/07	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS			
1011 NAME SOCIETY ADDRESS CITY-ST-ZIP	OWNER MALCOLM F. MARON 1425 BUCKNOLL COVE NEPTUNE Bch, FL 32266 ☐ Delete	102 NAME SOCIETY ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
1012 NAME SOCIETY ADDRESS CITY-ST-ZIP	SEC/TRES  ☐ Delete	103 NAME SOCIETY ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
1013 NAME SOCIETY ADDRESS CITY-ST-ZIP	☐ Delete	104 NAME SOCIETY ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
1014 NAME SOCIETY ADDRESS CITY-ST-ZIP	☐ Delete	105 NAME SOCIETY ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
1015 NAME SOCIETY ADDRESS CITY-ST-ZIP	☐ Delete	106 NAME SOCIETY ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
1016 NAME SOCIETY ADDRESS CITY-ST-ZIP	☐ Delete	107 NAME SOCIETY ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
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 606, Florida Statutes.			
SIGNATURE: 		3/2/07 - 904-874-7602	