

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117948

FILED  
Sep 06, 2007  
Secretary of State

**Entity Name:** WORKERS GROUP SELF DIRECTED IRA, LLC

**Current Principal Place of Business:**

2012 DUTCHESS LANE  
WINTER PARK, FLORIDA, 32792 US

**New Principal Place of Business:**

2012 DUTCHESS LANE  
WINTER PARK, FL 32792 US

**Current Mailing Address:**

2012 DUTCHESS LANE  
WINTER PARK, FLORIDA, 32792 US

**New Mailing Address:**

2012 DUTCHESS LANE  
WINTER PARK,, FL 32792 US

**FEI Number:** 20-8106548 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FLORENCIO, ELLO  
172-S SEMORAN BLVD  
ORLANDO, FL 32807 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: ELLO, FLORENCIO V  
Address: 2012 DUTCHESS LANE  
City-St-Zip: WINTER PARK, FL 32792 US

Title: MGR ( ) Delete  
Name: ELLO, REGINA W  
Address: 2012 DUTCHESS LANE  
City-St-Zip: WINTER PARK, FL 32792 US

Title: MGR ( ) Delete  
Name: ELLO, MARK W  
Address: 2012 DUTCHESS LANE  
City-St-Zip: WINTER PARK, FL 32792 FL

Title: MGR ( ) Delete  
Name: ELLO, ANDREW W  
Address: 2012 DUTCHESS LANE  
City-St-Zip: WINTER PARK, FL 32792 US

**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:

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: FLORENCIO ELLO

MGR

09/06/2007

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