



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90106 031 ****50.00

DOCUMENT # M01000002234 1. Entity Name ELROD & COMPANY, LLC			
Principal Place of Business 1509 SARAH COURT MURFREESBORO, TN 37129		Mailing Address 1509 SARAH COURT MURFREESBORO, TN 37129	
2. Principal Place of Business 410 New Salem Hwy Suite, Apt. #, etc. Suite 106 City & State Murfreesboro TN Zip Country 37129 Rutherford		3. Mailing Address Suite, Apt. #, etc. same as 2 City & State Zip Country	
		20015620	
			
		02142005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 62-1859972		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES INC. 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name (now called Corporation Service Company) Street Address (P.O. Box Number is Not Acceptable) same City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR <input type="checkbox"/> Delete NAME GLASCOCK, RICHARD F II STREET ADDRESS 1509 SARAH COURT CITY-ST-ZIP MURFREESBORO, TN 37129	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 410 New Salem Hwy, Suite 106 STREET ADDRESS 410 New Salem Hwy, Suite 106 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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 exemption stated in Section 119.07(3)(i), 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: R F Glascock II Richard F. Glascock II		2-21-05 615-890-9405	