


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000035680

1. Entity Name
 ANNANDALE/ALLIED, LLC



Principal Place of Business
 850529 US HIGHWAY 17
 YULEE, FL 32097 US

Mailing Address
 119 ARBOR COURT
 ATTN: ACCOUNTING DEPT
 WINCHESTER, VA 22602 US

DO NOT WRITE IN THIS SPACE



04202007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2673863	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RAX CO.
 50 NORTH LAURA STREET, SUITE 3300
 JACKSONVILLE, FL 32202

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FROGALE, ROBERT 202 ROBINSON DRIVE WINCHESTER, VA 22602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FROGALE, GENE 5715 REGAL CREST COURT CLIFTON, VA 20124
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____