

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000192**

1. Entity Name

ANNAJO, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

WL
4/30

02 APR 24 AM 9:36

Principal Place of Business 164 N.E. 6TH AVENUE DELRAY BEACH FL 33483	Mailing Address 164 N.E. 6TH AVENUE DELRAY BEACH FL 33483
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1106167	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

**HEALY, CHARLOTTE A
164 N.E. 6TH AVENUE
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEIDER, ANNE M 22649 SW 65TH AVENUE BOCA RATON FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SEIDER, ANNE M 22649 SW 65TH AVENUE BOCA RATON FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANDMEIER, NANCY J 164 N.E. 6TH AVENUE DELRAY BEACH FL 33483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SANDMEIER, NANCY J 164 N.E. 6TH AVENUE DELRAY BEACH FL 33483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANDMEIER, JOHN A P.O. BOX 811277 CHICAGO IL 60681 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SANDMEIER, JOHN A P.O. BOX 811277 CHICAGO IL 60681 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Seider, Anne M 5187 Jog Lane Delray Beach, Fl 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM Seider, Anne M 5187 Jog Lane Delray Beach, Fl 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sandmeier, John A 593 Plum Tree Road Barrington Hills, IL 60010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM Sandmeier, John A 593 Plum Tree Road Barrington Hills, IL 60010 <input checked="" 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: Anne M. Seider Anne M. Seider 1/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CF2E083 (9/01)



2 of 3

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

January 22, 2002

ANNAJO, L.L.C.
164 N.E. 6TH AVENUE
DELRAY BEACH, FL 33483

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR 24 AM 9:36

Subject: ANNAJO, L.L.C.

Reference Number: L99000000192

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/AB
ANNUAL REPORTS SECTION

Lee Rivers

323

Anne Seider
5187 Jog Lane
Deleray Beach, FL 33484

April 23, 2002

DIVISION OF CORPORATIONS
ATTN: LEE RIVERS
PO BOX 6327
TALLAHASSEE, FL 32314

RE: ANNAJO, LLC
reference #: L99000000192

Dear Lee Rivers:

I enclose the copy of the annual report that I received from the state of florida. It states that not all the titles were listed for every member but they were incorrect.

Please file this annual report & send me a receipt confirming the same.

Very truly yours,

Anne Seider
President of ANNAJO, LLC

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