

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0017117

DOCUMENT # **L99000000192**

1. Entity Name
ANNAJO, L.L.C.

Principal Place of Business
**164 N.E. 6TH AVENUE
DELRAY BEACH FL 33483**

Mailing Address
**164 N.E. 6TH AVENUE
DELRAY BEACH FL 33483-5423**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGR SEIDER, ANNE M**
STREET ADDRESS **2865 E. JACKSON AVENUE #D**
CITY-ST-ZIP **ANAHEIM CA 92806**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MEM SEIDER, ANNE M**
STREET ADDRESS **2865 E. JACKSON AVENUE #D**
CITY-ST-ZIP **ANAHEIM CA 92806**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGR SANDMEIER, NANCY J**
STREET ADDRESS **164 N.E. 6TH AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**300003271913--7
-05/31/00--01050--006
*****50.00 *****50.00**

TITLE Delete
NAME **MEM SANDMEIER, NANCY J**
STREET ADDRESS **164 N.E. 6TH AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGR SANDMEIER, JOHN A**
STREET ADDRESS **1619 FREEBORN WAY**
CITY-ST-ZIP **CAMARILLO CA 93010**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MEM SANDMEIER, JOHN A**
STREET ADDRESS **1619 FREEBORN WAY**
CITY-ST-ZIP **CAMARILLO CA 93010**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

5/1/00

561-265-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)