

2001 UNIFORM BUSINESS REPORT (UBR)

0016020 AF

DOCUMENT # L99000000192

FILED

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

01 JUN -6 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number
65-1106167

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

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

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

200004423162--r
-06/15/01--01095--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SEIDER, ANNE M	
STREET ADDRESS	2865 E. JACKSON AVENUE #D	
CITY-ST-ZIP	ANAHEIM CA 92806	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	SEIDER, ANNE M	
STREET ADDRESS	2865 E. JACKSON AVENUE #D	
CITY-ST-ZIP	ANAHEIM CA 92806	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SANDMEIER, NANCY J	
STREET ADDRESS	164 N.E. 6TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	SANDMEIER, NANCY J	
STREET ADDRESS	164 N.E. 6TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SANDMEIER, JOHN A	
STREET ADDRESS	1619 FREEBORN WAY	
CITY-ST-ZIP	CAMARILLO CA 93010	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	SANDMEIER, JOHN A	
STREET ADDRESS	1619 FREEBORN WAY	
CITY-ST-ZIP	CAMARILLO CA 93010	

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIDER, ANNE M.	
STREET ADDRESS	22649 SW 65th Avenue	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	MEM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIDER, ANNE M.	
STREET ADDRESS	22649 SW 65th Ave	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDMEIER, John A	
STREET ADDRESS	PO Box 811277	
CITY-ST-ZIP	CHICAGO, IL 60681	
TITLE	MEM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDMEIER, John A.	
STREET ADDRESS	PO Box 811277	
CITY-ST-ZIP	CHICAGO, IL 60681	

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (11/00)