

2001 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 JUN -6 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1106167

Applied For

Not Applicable

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

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

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

TITLE MGR
NAME SEIDER, ANNE M.
STREET ADDRESS 22649 SW 65th Avenue
CITY-ST-ZIP BOCA RATON, FL 33428 ☒ Change ☐ Addition

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

TITLE MEM
NAME SEIDER, ANNE M.
STREET ADDRESS 22649 SW 65th Ave
CITY-ST-ZIP BOCA RATON, FL 33428 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE MGR
NAME SANDMEIER, John A
STREET ADDRESS PO Box 811277
CITY-ST-ZIP CHICAGO, IL 60681 ☒ Change ☐ Addition

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

TITLE MEM
NAME SANDMEIER, John A.
STREET ADDRESS PO Box 811277
CITY-ST-ZIP CHICAGO, IL 60681 ☒ Change ☐ 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 Seider*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)