2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000035680

1. Entity Name
ANNANDALE/ALLIED, LLC

Principal Place of Business	Mailing Address
850529 US HIGHWAY 17 YULEE, FL 32097 US	119 ARBOR COURT ATTN: ACCOUNTING DEPT WINCHESTER, VA 22602 US

DO NOT WRITE IN THIS SPACE

04202007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
20-2673863		Not Applicable

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

DO NOT WRITE IN THIS SPACE

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_____

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

Filing Fee is $50.00
Due by May 1, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FROGALE, ROBERT
STREET ADDRESS	202 ROBINSON DRIVE
CITY-ST-ZIP	WINCHESTER, VA 22602
TITLE	MGRM
NAME	FROGALE, GENE
STREET ADDRESS	5715 REGAL CREST COURT
CITY-ST-ZIP	CLIFTON, VA 20124
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000764073
05/30/07-80041-005 50.00

DO NOT WRITE IN THIS SPACE

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 #