


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000006571 1. Entity Name ALISON L. COX, LLC	
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Principal Place of Business 5517 S.W. 69TH TERRACE GAINESVILLE, FL 32608	Mailing Address 5517 S.W. 69TH TERRACE GAINESVILLE, FL 32608
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01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3650891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, ALISON L 5517 S.W. 69TH TERRACE GAINESVILLE, FL 32608	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COX, ALISON L 5517 SW 69 TERR. GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MILLER, DAVID M 5517 SW 69 TERR. GAINESVILLE, FL 32608
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **1-4-05** **(352)** **372-7736**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #