


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90192 043 ****50.00

| | |
|---|---|
| DOCUMENT # L02000004702 |  |
| 1. Entity Name RICHARD S. ALLINSON, LLC | |

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| Principal Place of Business 2482 N.W. 66TH DRIVE BOCA RATON FL 33496 | Mailing Address 2482 N.W. 66TH DRIVE BOCA RATON FL 33496 |
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|---|---|
| 2. Principal Place of Business 99 SE MIZNER BLVD. | 3. Mailing Address 99 SE MIZNER BLVD. |
| Suite, Apt. #, etc. 816 | Suite, Apt. #, etc. 816 |

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| City & State BOCA RATON, FL. | City & State BOCA RATON, FL. |
| Zip 33432 | Zip 33432 |
| Country USA | Country USA |



MOORE CR2E083 (11/03)

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| 4. FEI Number 03-0529670 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent ALLINSON, RICHARD S 2482 N.W. 66TH DRIVE BOCA RATON FL 33496 | | |
| 7. Name and Address of New Registered Agent Name ALLINSON, RICHARD S. Street Address (P.O. Box Number is Not Acceptable) 99 SE MIZNER BLVD. #816 City BOCA RATON FL Zip Code 33432 | | |

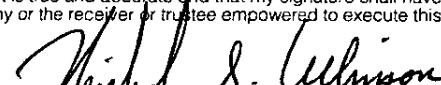
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ALLINSON, RICHARD S 2482 N.W. 66TH DRIVE BOCA RATON FL 33496 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ALLINSON, RICHARD S. 99 SE MIZNER BLVD. #816 BOCA RATON, FL. 33432 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: 

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

4/16/04 (561)

Date

Daytime Phone #