

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90081 006 ****50.00

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1. Entity Name

ALLIED REAL ESTATE/SUITE 205, L.L.C.



Principal Place of Business

**320 HIGHWAY 98 EAST, SUITE 1203
DESTIN FL 32541**

Mailing Address

**320 HIGHWAY 98 EAST, SUITE 1203
DESTIN FL 32541**

20018295



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-3094529

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

**NUNN, ELIZABETH ANN
320 HIGHWAY 98 EAST, SUITE 1203
DESTIN FL 32541**

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. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE Delete
NAME **MGRM**
STREET ADDRESS **THE ELIZABETH ANN NUNN REVOCABLE TRUST**
CITY-ST-ZIP **320 HIGHWAY 98 EAST, SUITE 1203
DESTIN FL 32541**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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10. ADDITIONS/CHANGES

TITLE Change Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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

1-22-03

Date

Daytime Phone #

CR2E083 (10/02)