# 2004 LIMITED LIABILITY COMPANY
## ANNUAL REPORT (AR)

**DOCUMENT # L03000023305**

**1.** Entity Name

ALLISONS ON ANASTASIA LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 113 A ANASTASIA BLVD.<br>ST. AUGUSTINE FL 32080 | 113 A ANASTASIA BLVD.<br>ST. AUGUSTINE FL 32080 |

MOORE          CR2E083  (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #. etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country | Zip | Country |

**4.** FEI Number
57-1171482

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 |
|---|---|
| ROGERS, ALLISON S<br>6040 A1A SOUTH<br>ST. AUGUSTINE FL 32080 | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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, 2004**

| 9. | MANAGING MEMBERS / MANAGERS | | 10. | ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ROGERS, ALLISON S<br>113 A ANASTASIA BLVD.<br>ST. AUGUSTINE FL 32080 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
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**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:** Allison Rogers - Allison Rogers          4-29-04          904-819-9334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE     Date          Daytime Phone #