

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052754

FILED
May 18, 2004
Secretary of State

Entity Name: ALLENTOWN INVESTMENTS, LLC

Current Principal Place of Business:

278 TREASURE DRIVE
PORT ST. JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

278 TREASURE DRIVE
PORT ST. JOE, FL 32456 US

New Mailing Address:

FEI Number: 20-0577793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGIDSON, MEL C JR.
528 SIXTH STREET
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ROBERSON, STANLEY B
Address: 278 TREASURE DRIVE
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGRM () Delete
Name: ROBERSON, MICHAEL W
Address: 130 WOLF CREEK DRIVE
City-St-Zip: DEMOREST, GA 30535 US

Title: MGRM () Delete
Name: WELSH, MARK G
Address: 1703 EAST 5TH STREET
City-St-Zip: PANAMA CITY, FL 32401 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: WELCH, MARK G
Address: 1703 EAST 5TH STREET
City-St-Zip: PANAMA CITY, FL 32401 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STANLEY B ROBERSON

MGR

05/18/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date