2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000011585

1. Entity Namo ALLYN JON PALMER LLC



FILED Apr 11, 2007 8:00 am Secretary of State 04-11-2007 90157 002 ****50.00



Principal Place of Business		Mailing Address			
11237 WATER SPRING CIR JACKSONVILLE FL 32256		P.O. BOX 8519 JACKSONVILLE FL 32	2239		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address		I IDDIIIDII OIK DOIII BALII BALII BANII BANII DANDI KIDAS KIDDI BANEK TOIDI DIIDDI III IDDI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/06)	
City & State	3	City & State		4. FEI Number NO-T APPLICABLE Applied For Not Applicab	le
Zip	Country	Zip	Country	5. Cortificate of Status Desired S5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
			Name		Ì
112	.MER, ALLYN J 37 WATER SPRING CIR CKSONVILLE FL 32256		Street Addre	ess (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	_
8 The above	named entity submits this statement to	or the numero of changing its	registered office or reg		,
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. 1 am familiar with, and accept the obligations of registered agent.					
SIGNATURE.	Significate, typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent signature re-	squired when reinstating) DATE	i
	Å. v		W!!! FEE IS \$50.0		
		Make Check Payabl	e to Florida Depart ∍ By May 1, 2007	ment of State	
9.	MANAGING MEMBE		10.	ADDITIONS/CHANGES	_
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NAME	PALMER, ALLYN J		NAMI		
STRICT ADDRESS	11237 WATER SPRING CIR		STREET ADDRESS		ļ
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **SIGNATURE**