


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000033072 1. Entity Name ALLANTON POINT, LLC	
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Principal Place of Business C/O DOUGLAS J. SALE 304 MAGNOLIA AVE. PANAMA CITY, FL 32402	Mailing Address C/O DOUGLAS J. SALE P.O. DRAWER 1579 PANAMA CITY, FL 32402-1579
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01032007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1072250	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SALE, DOUGLAS J  
304 MAGNOLIA AVE.  
PANAMA CITY, FL 32402

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAWSON, MARK G 304 MAGNOLIA AVE. PANAMA CITY, FL 32402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALE, DOUGLAS J 304 MAGNOLIA AVE. PANAMA CITY, FL 32402
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 01/05/07-80005-023 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:  Mgr Date: 1-4-07 Daytime Phone #: 850-769-3434

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