

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000033072



1. Entity Name  
 ALLANTON POINT, LLC

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



01082008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1072250	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** 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)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**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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00000780725  
 01/15/08-80006-003 138.75

**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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/08/08 \$50-  
 769-3734

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_