

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90190 038 ****50.00

DOCUMENT # L04000038623

1. Entity Name
MCALLISTER INVESTMENTS, LLC



Principal Place of Business
121 EAST MORSE BOULEVARD
WINTER PARK, FL 32789 US

Mailing Address
P.O. BOX 716
WINTER PARK, FL 32790-0716 US

20007487



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
20-2832130

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MCALLISTER, BRUCE
163 E. MORSE BLVD., STE. 220
WINTER PARK, FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)
121 East Morse Boulevard

City

Winter Park

FL

Zip Code
32789

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

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MCALLISTER, BRUCE
P.O. BOX 716
WINTER PARK, FL 327900716 ☐ Delete

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/10/06 (407) 342-5656
Date Daytime Phone #