

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90039 010 ****50.00

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04152005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000045454 1. Entity Name J. RICHARD ALLISON AND ASSOCIATES, LLC					
Principal Place of Business 3175 S. CONGRESS AVENUE, STE. 301 PALM SPRINGS, FL 33461			Mailing Address 3175 S. CONGRESS AVENUE, STE. 301 PALM SPRINGS, FL 33461		
2. Principal Place of Business 230 S. County Road		3. Mailing Address Suite, Apt. #, etc.			
City & State Palm Beach, FL		City & State		4. FEI Number 20-1268830	
Zip 33480		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CRENSHAW, PHILLIP T 3175 S. CONGRESS AVENUE, STE. 301 PALM SPRINGS, FL 33461				7. Name and Address of New Registered Agent Name Arlene L. Gullo Street Address (P.O. Box Number is Not Acceptable) 230 S. County Rd. City Palm Beach FL Zip Code 33480	
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 <u><i>Arlene L. Gullo</i></u> DATE <u>4/18/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Arlene L. Gullo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>4/18/05</u> Daytime Phone #	