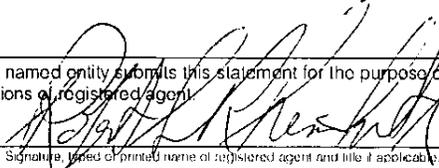


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90217 024 ****50.00

DOCUMENT # L05000012436 1. Entity Name 423 ALL SAINTS CONDOMINIUM ASSOCIATION LLC		
Principal Place of Business 310 BLOUNT ST3108 TALLAHASSEE FL 32301		Mailing Address P.O. BOX 15694 TALLAHASSEE FL 32317
2. Principal Place of Business - No P.O. Box # 644 Capital Circle NE	3. Mailing Address PO Box 13089	
Suite, Apt. #, etc. 	Suite, Apt. #, etc. 	
City & State Tallahassee FL	City & State Tallahassee FL	
Zip 32301	Country USA	Zip 32317
Country USA	4. FEI Number 04-3807708	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent ROSEN, PETER 423 ALL SAINTS ST TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Robert S. Rhinehart, Street Address (P.O. Box Number is Not Acceptable) Executive Management Services, Inc. 644 Capital Circle NE City Tallahassee
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 		Zip Code FL 32301 DATE 1/31/07



1st MOORE CR2E083 (10/06)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, PETER		NAME		
STREET ADDRESS	423 ALL SAINTS ST. #1		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE FL 32301		CITY- ST- ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRNE, JOHN C		NAME		
STREET ADDRESS	423 ALL SAINTS ST. #1		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE FL 32301		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

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 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

Date

Daytime Phone #

AR