

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90147 022 \*\*\*\*50.00

**DOCUMENT # L05000029867**

1. Entity Name

THE CLOISTERS OF ALL SAINTS L.L.C.



Principal Place of Business

423 ALL SAINTS ST.  
TALLAHASSEE FL 32301

Mailing Address

P.O. BOX 15694  
TALLAHASSEE FL 32317



2. Principal Place of Business

310 Blount Street

Suite, Apt. #, etc.

108

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

02-0742808

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSEN, PETER  
423 ALL SAINTS ST. #1  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
ROSEN, PETER S  
P.O. BOX 15694  
TALLAHASSEE FL 32317

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
JOHN CORRIGAN BYRNE III  
P.O. BOX 15694  
TALLAHASSEE FL 32317

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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 #

2/9/06 850-222-0605