


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000029867	
1. Entity Name THE CLOISTERS OF ALL SAINTS L.L.C.	

Principal Place of Business 310 BLOUNT STREET SUITE 108 TALLAHASSEE FL 32301 US	Mailing Address P.O. BOX 15694 TALLAHASSEE FL 32317 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent ROSEN, PETER 423 ALL SAINTS ST. TALLAHASSEE FL 32301	
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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 _____ (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, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM ROSEN, PETER S P.O. BOX 15694 TALLAHASSEE FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000603426 01/29/07-80013-004 50.00
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM JOHN CORRIGAN BYRNE III P.O. BOX 15694 TALLAHASSEE FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #