2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L05000029867

Entity Name: THE CLOISTERS OF ALL SAINTS L.L.C.

Current Principal Place of Business:

310 BLOUNT STREET
SUITE 108
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15694
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 02-0742808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSEN, PETER
423 ALL SAINTS ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

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.

SIGNATURE: 04/22/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROSEN, PETER S
Address: P.O. BOX 15694
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM ( ) Delete
Name: JOHN CORRIGAN BYRNE III
Address: P.O. BOX 15694
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PETER S ROSEN P 04/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date