

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000038860**

1. Entity Name

LASTINGER REALTY INVESTMENTS, LLC



Principal Place of Business

8342 A1A SOUTH  
ST. AUGUSTINE FL 32080

Mailing Address

8342 A1A SOUTH  
ST. AUGUSTINE FL 32080



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

Zip

Country

Zip

Country

4. FEI Number

42-1666148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LASTINGER, ALLEN L JR.  
8342 A1A SOUTH  
ST. AUGUSTINE FL 32080

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, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME: P ☐ Delete  
STREET ADDRESS: LASTINGER, ALLEN L JR  
CITY-STATE-ZIP: 8342 A1A SOUTH  
SAINT AUGUSTINE FL 32080

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: 01/30/07-80018-008 50.00  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
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TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-STATE-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:

*Allen L. Lastinger Jr.*

ALLEN L. LASTINGER JR.

1/22/07

904-471-2481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #