## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115123

Entity Name: ALLISON MEWS, LLC

**Current Principal Place of Business:** 

FILED Jan 27, 2006 Secretary of State

410 SOUTH WARE BLVD SUITE 303 TAMPA, FL 33619 **Current Mailing Address: New Mailing Address:** 410 SOUTH WARE BLVD SUITE 303 TAMPA, FL 33619 FEI Number: 20-3871792 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MANDT, JOSEPH 3735 OVERLOOK DRIVE ST PETERSBURG, FL 33703 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

**New Principal Place of Business:** 

SIGNATURE:

in the State of Florida.

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MANDT, JOSEPH
 Name:

 Address:
 3735 OVERLOOK DRIVE
 Address:

 City-St-Zip:
 ST PETERSBURG, FL 33703 US
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BLUE MARLIN DEVELOPM, ENT, LLC
 Name:

 Address:
 410 SOUTH WARE BLVD, SUITE 303
 Address:

 City-St-Zip:
 TAMPA, FL 33619 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH MANDT MGRM 01/27/2006