

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115123

Entity Name: ALLISON MEWS, LLC

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

410 SOUTH WARE BLVD  
SUITE 303  
TAMPA, FL 33619 US

**New Principal Place of Business:**

**Current Mailing Address:**

410 SOUTH WARE BLVD  
SUITE 303  
TAMPA, FL 33619 US

**New Mailing Address:**

FEI Number: 20-3871792      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MANDT, JOSEPH  
3735 OVERLOOK DRIVE  
ST PETERSBURG, FL 33703 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MANDT, JOSEPH  
Address: 3735 OVERLOOK DRIVE  
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: MGRM ( ) Delete  
Name: BLUE MARLIN DEVELOPM, ENT PARTNERS, L LC  
Address: 410 SOUTH WARE BLVD, SUITE 303  
City-St-Zip: TAMPA, FL 33619 US

**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: JOSEPH MANDT

MGRM

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date