

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Aug 30, 2007 8:00 am
Secretary of State

08-15-2007 90025 037 ****50.00

DOCUMENT # L06000105227					
1. Entity Name JOHN E. ALLAIRE LAND, LLC					
Principal Place of Business 757 KENNETH COURT FERNANDINA BEACH, FL 32034			Mailing Address 757 KENNETH COURT FERNANDINA BEACH, FL 32034		
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		Country		08132007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 205795841				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLAIRE, JOHN E 757 KENNETH COURT FERNANDINA BEACH, FL 32034			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 _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALLAIRE, JOHN E 757 KENNETH COURT FERNANDINA BEACH, FL 32034		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
	<input type="checkbox"/> Delete			<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 Chapter 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:			8/13/07 401		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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