

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092542

FILED
Jan 14, 2009
Secretary of State

Entity Name: JOHN ALLEN ENTERPRISES, LLC

Current Principal Place of Business:

1725 62ND TERRACE SOUTH
ST PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

1725 62ND TERRACE SOUTH
ST PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 26-0875517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

JOUSTRA, TIMOTHY J PT
1725 62ND TERRACE SOUTH
SAINT PETERSBURG, FL 33712 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: TIMOTHY J. JOUSTRA

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PT () Delete
Name: JOUSTRA, TIMOTHY J
Address: 1725 62ND TERRACE S
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: VS () Delete
Name: STANZLER, STEPHENM A MD
Address: 2321 DE LEON ST
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

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

Title: VS (X) Change () Addition
Name: STENZLER, STEPHEN A MD
Address: 2321 DE LEON ST
City-St-Zip: TAMPA, FL 33609

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: TIMOTHY J. JOUSTRA

PT

01/14/2009

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