


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

04-21-2008 90327 006 ***138.00
 05-27-2008 90371 039 *****.75

DOCUMENT # L07000123117
 1. Entity Name
ALLEN FINANCIAL MANAGEMENT, LLC



Principal Place of Business
**4520 ORTEGA FOREST DR.
 JACKSONVILLE, FL 32210**

Mailing Address
**4520 ORTEGA FOREST DR.
 JACKSONVILLE, FL 32210**

50005862



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04162008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-1561870

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**ALLEN, LAURA H
 4520 ORTEGA FOREST DR.
 JACKSONVILLE, FL 32210**

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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEN, JOHN J 4520 ORTEGA FOREST DR. JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  **LAURA HENRY ALLEN** 4-17-2008 (904) 276-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date/Time Phone #