

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104581

FILED
Jun 17, 2009
Secretary of State

Entity Name: 413 ALL SAINTS STREET, LLC

Current Principal Place of Business:

413 ALL SAINTS STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

413 ALL SAINTS STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 27-0376802 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:

KING, KIMBERLY I
KING & WOOD, P.A.
3653 CAGNEY DRIVE, SUITE 202
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

KING & WOOD, P.A.
KING & WOOD, P.A.
3653 CAGNEY DRIVE, SUITE 202
TALLAHASSEE, FL 32309 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: KIMBERLY L. KING

06/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GILCHRIST, DAVID D
Address: 413 ALL SAINTS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGR () Delete
Name: CROWE, RICHARD R
Address: 413 ALL SAINTS STREET
City-St-Zip: TALLAHASSEE, FL 32301

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: DAVID D. GILCHRIST

MGR

06/17/2009

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