

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -3 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000192

1. Entity Name  
ANNAJO, L.L.C.

Principal Place of Business  
164 N.E. 6TH AVENUE  
DELRAY BEACH FL 33483

Mailing Address  
164 N.E. 6TH AVENUE  
DELRAY BEACH FL 33483-5423



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEALY, CHARLOTTE A  
164 N.E. 6TH AVENUE  
DELRAY BEACH FL 33483

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR SEIDER, ANNE M ☐ Delete  
STREET ADDRESS 2865 E. JACKSON AVENUE #D  
CITY-ST-ZIP ANAHEIM CA 92806

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MEM SEIDER, ANNE M ☐ Delete  
STREET ADDRESS 2865 E. JACKSON AVENUE #D  
CITY-ST-ZIP ANAHEIM CA 92806

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGR SANDMEIER, NANCY J ☐ Delete  
STREET ADDRESS 164 N.E. 6TH AVENUE  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MEM SANDMEIER, NANCY J ☐ Delete  
STREET ADDRESS 164 N.E. 6TH AVENUE  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGR SANDMEIER, JOHN A ☐ Delete  
STREET ADDRESS 1619 FREEBORN WAY  
CITY-ST-ZIP CAMARILLO CA 93010

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MEM SANDMEIER, JOHN A ☐ Delete  
STREET ADDRESS 1619 FREEBORN WAY  
CITY-ST-ZIP CAMARILLO CA 93010

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*MS* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

5/1/00

561-265-4900

CR2E083 (9/99)