

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0017117

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

300003271913--7
-05/31/00--01050--006
*****50.00 *****50.00

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
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

5/1/00

561-265-4900

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

Date

Daytime Phone #

CR2E083 (9/99)