

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014078

FILED
Apr 21, 2005
Secretary of State

Entity Name: ALL AMERICAN LENDING & DEVELOPMENT GROUP L.L.C.

Current Principal Place of Business:

9575 SW 145 CT
MIAMI, FL 33186 US

New Principal Place of Business:

120 WEST ECHO STREET
LAKE ALFRED, FL 33850 US

Current Mailing Address:

9575 SW 145 CT.
MIAMI, FL 33186 US

New Mailing Address:

167 TORTUGA COURT
DAVENPORT, FL 33837 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VALDES, JUANA R
9575 SW 145 CT
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

VALDES, JUANA R
167 TORTUGA COURT
DAVENPORT, FL 33837 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: JUANA R VALDES

04/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DIAZ, VERONICA
Address: 9575 SW 145 CT
City-St-Zip: MIAMI, FL 33186 US

Title: MGR () Delete
Name: VALDES, JUANA R
Address: 9575 SW 145 CT
City-St-Zip: MIAMI, FL 33186 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DIAZ, VERONICA
Address: 187 TORTUGA COURT
City-St-Zip: DAVENPORT, FL 33837 US

Title: MGR (X) Change () Addition
Name: VALDES, JUANA R
Address: 167 TORTUGA COURT
City-St-Zip: DAVENPORT, FL 33837 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUANA R VALDES

MGR

04/21/2005

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