2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006
Secretary of State

DOCUMENT# L03000014078

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

Current Principal Place of Business:

120 WEST ECHO STREET
LAKE ALFRED, FL 33850 US

New Principal Place of Business:

985 S LAKESHORE WAY
LAKE ALFRED, FL 33850 US

Current Mailing Address:

167 TORTUGA COURT
DAVENPORT, FL 33837 US

New Mailing Address:

985 S LAKESHORE WAY
LAKE ALFRED, FL 33850 US

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

VALDES, JUANA R
3315 CYPRESS TRIALS DRIVE
POLK CITY, FL 33868 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 01/27/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: VALDES, JUANA R
Address: 3315 CYPRESS TRAILS DRIVE
City-St-Zip: POLK CITY, FL 33868 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JUANA R VALDES MGR 01/27/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date