2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED DOCUMENT # L04000084611 Apr 14, 2006 08:00 AN 1. Entity Name **Secretary of State** ALL CO MANAGEMENT, L.L.C. Principal Place of Business Mailing Address 13404 S.W. 104 LANE 13404 S.W. 104 LANE DUNNELLON, FL 34432 DUNNELLON, FL 34432 04102006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 35-2242302 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOTT, LAWRENCE DO NOT WRITE 13404 S.W. 104TH LANE DUNNELLON, FL 34432 IN THIS SPACE 3. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE HIRITAGE 19594 Filing Fee is \$50.00 Due by May 1, 2006 04/28/06-80052**-001** 50.**00** MANAGING MEMBERS/MANAGERS MGRM MILE LOTT, LAWRENCE M NAME STREET ADDRESS 13404 SW 104TH LANE CITY-ST-ZIP DUNNELLON, FL 34432 MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TTD F NAME STREET ADDRESS CITY-ST-ZIP

11. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZiP