

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119115

Entity Name: ALL WAYS HOME LLC

FILED  
Jan 24, 2007  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 31173  
PALM BCH GARDENS, FL 33420

**New Principal Place of Business:**

53 PRINCEWOOD LANE  
PALM BCH GARDENS, FL 33410

**Current Mailing Address:**

P.O. BOX 31173  
PALM BCH GARDENS, FL 33420

**New Mailing Address:**

FEI Number: 20-2404499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ONUFR, J  
53 PRINCEWOOD LANE  
PALM BCH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ONUFR, JON MR.  
Address: P.O. BOX 31173  
City-St-Zip: PALM BCH GARDENS, FL 33420 US

Title: MGRM ( ) Delete  
Name: UNGERER, JOE MR.  
Address: P.O. BOX 31173  
City-St-Zip: PALM BEACH GARDENS, FL 33420 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ONUFR, J MR.  
Address: P.O. BOX 31173  
City-St-Zip: PALM BCH GARDENS, FL 33420 US

Title: MGRM (X) Change ( ) Addition  
Name: UNGERER, J MR.  
Address: P.O. BOX 31173  
City-St-Zip: PALM BEACH GARDENS, FL 33420 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: J ONUFR

MR.

01/24/2007

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