

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 16 AM 10:21

DOCUMENT # L03000020228 1. Entity Name ALL PURPOSE STRUCTURES, L.L.C.					
Principal Place of Business 33246 SOMERSET DRIVE LEESBURG, FL 34748			Mailing Address P.O. BOX 728 EUSTIS, FL 32727		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-0351072	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NORVELL, MICHAEL C ESQ LAKE LAW CENTER 1410 EMERSON STREET LEESBURG, FL 34748			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDNIC, INC. 33246 SOMERSET DRIVE LEESBURG, FL 34748	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres/Treasurer Forrest Berg 33246 Somerset Drive Leesburg, FL 34748	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNETH R. COYNE, LLC 942 DELFINO PLACE LAKE MARY, FL 32746	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, RONALD 2245 BLOSSOMWOOD DR. OVIEDO, FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Secretary Ron Davis 2245 Blossomwood Drive Oviedo, FL 32765	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11. I 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.					
SIGNATURE: <u>Ronald Davis</u> President			Date: 06/12/06 352 357 5946		