

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001440

Entity Name: ALLISON BROS., L.L.C.

FILED
Apr 10, 2006
Secretary of State

Current Principal Place of Business:

7402 SW COUNTY ROAD 242
LAKE CITY, FL 32024 US

New Principal Place of Business:

884 NW SCENIC LAKE DRIVE
LAKE CITY, FL 32055 US

Current Mailing Address:

7402 SW COUNTY ROAD 242
LAKE CITY, FL 32024 US

New Mailing Address:

884 NW SCENIC LAKE DRIVE
LAKE CITY, FL 32055 US

FEI Number: 59-3619159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIS, JOHN E
PO DRAWER 2349
253 NW MAIN BLVD.
LAKE CITY, FL 32056 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: MGR () Delete
Name: ALLISON, JOHN S MANAGER
Address: 7402 SW COUNTY ROAD 242
City-St-Zip: LAKE CITY, FL 32024 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALLISON, CARL MANAGER
Address: 884 SW SCENIC LAKE DRIVE
City-St-Zip: LAKE CITY, FL 32055 US

Title: SEC () Change (X) Addition
Name: ALLISON, JOAN SECRETA
Address: 884 NW SCENIC LAKE DRIVE
City-St-Zip: LAKE CITY,, FL 32055

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: CARL ALLISON

MGR

04/10/2006

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