

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001440

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

FILED  
Jul 19, 2007  
Secretary of State

**Current Principal Place of Business:**

884 NW SCENIC LAKE DRIVE  
LAKE CITY, FL 32055 US

**New Principal Place of Business:**

780 SE BAYA DRIVE  
LAKE CITY, FL 32025 US

**Current Mailing Address:**

884 NW SCENIC LAKE DRIVE  
LAKE CITY, FL 32055 US

**New Mailing Address:**

780 SE BAYA DRIVE  
LAKE CITY, FL 32025 US

FEI Number: 59-3619159      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**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:**

NORRIS, JOHN E  
253 NW MAIN BLVD.  
LAKE CITY, FL 32055 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: \_\_\_\_\_

07/19/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ALLISON, CARL MANAGER  
Address: 780 SE BAYA DRIVE  
City-St-Zip: LAKE CITY, FL 32025 US

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

I hereby certify that the information supplied with this filing does not qualify 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

07/19/2007

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