

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 27, 2005 8:00 am**  
**Secretary of State**

07-27-2005 90014 004 \*\*\*\*50.00

20065668



07252005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L00000006388</b> 1. Entity Name <b>ALLEGiant MANAGEMENT, L.C.</b>					
Principal Place of Business <b>111 W. FORTUNE ST</b> <b>TAMPA, FL 33602</b>			Mailing Address <b>111 W. FORTUNE ST</b> <b>TAMPA, FL 33602</b>		
2. Principal Place of Business <b>8870 N. Himes Ave #242</b>		3. Mailing Address <b>8870 N. Himes Ave #242</b>		4. FEI Number <b>59-3720375</b> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>TAMPA FL</b>		City & State <b>TAMPA, FL</b>			
Zip <b>33614</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CALLEN, DAVID H</b> <b>411 W. FORTUNE ST</b> <b>TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent Name <b>DAVID H. CALLEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>8870 N. Himes Ave #242</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33614</b>	
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 <u><i>David A Callen</i></u> DATE <u>7-25-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALLEGiant WORLDWIDE, INC. <del>411 W. FORTUNE ST</del> <del>TAMPA, FL 33602</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MM DAVID CALLEN 8870 N. Himes Ave, #242 TAMPA, FL 33614	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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><i>David A Callen</i></u>			Date <u>7/25/05</u> Daytime Phone # <u>813-220 8586</u>		