


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90180 040 ****50.00

DOCUMENT # L00000008114	
1. Entity Name ALL-CLEAN SERVICES OF FLORIDA, L.L.C.	

Principal Place of Business 3197 NORTHWEST 29H TRAIL OKEECHOBEE, FL 34972	Mailing Address 1933 SW 40TH DR. OKEECHOBEE, FL 34974
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40117903



2. Principal Place of Business - No P.O. Box # 3197 NW 20th Trail	3. Mailing Address 3197 NW 20th Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05072007 Chg-LLC CR2E083 (12/06)

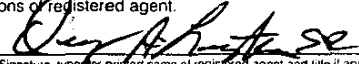
City & State Okeechobee, FL	City & State Okeechobee, FL
Zip 34972	Zip 34972
Country	Country

4. FEI Number 65-1027999	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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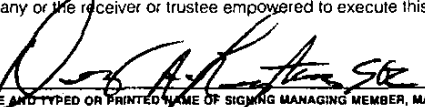
6. Name and Address of Current Registered Agent LIGHTSEY, RUTH 1933 S.W. 40TH DRIVE OKEECHOBEE, FL 34974	
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7. Name and Address of New Registered Agent Name Dewey A. Lightsey, Sr. Street Address (P.O. Box Number is Not Acceptable) 3197 NW 20th Trail City Okeechobee FL Zip Code 34972	
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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 	Dewey A. Lightsey, Sr.	5-7-07
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIGHTSEY, RUTH 1933 SW 40TH DR. OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIGHTSEY, OPAL 1933 SW 40TH DR. OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIGHTSEY, DEWEY 1933 SW 40TH DR. OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dewey A. Lightsey, Sr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3197 NW 20th Trail Okeechobee, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARUSO, PATRICK J SECRETA 13114 NE 26TH AVE OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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 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: 	Dewey A. Lightsey 5-7-07 863-634-6300
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>	