



**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90080 030 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L00000013928</b> 1. Entity Name <b>ALLPRO ASSOCIATES, LLC</b>					
Principal Place of Business <b>6931 HAWKINS RD          SARASOTA, FL 34241</b>			Mailing Address <b>PO BOX 19319          SARASOTA, FL 34276</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1052827</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>TRACY, CATHERINE L          2058 CONSTITUTION BLVD          SARASOTA, FL 34231</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>Filing Fee is \$50.00          Due by September 6, 2006</b>				<b>Make check payable to          Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM          CUMMINGS, ELIZABETH M          6931 HAWKINS RD          SARASOTA, FL 34241</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> 			Date <b>7/10/06</b> Phone # <b>941-371-3433</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					