


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000012860	
1. Entity Name ALL 3, LLC	

Principal Place of Business 141 N.W. 20TH STREET SUITE G-122 BOCA RATON, FL 33431	Mailing Address 141 N.W. 20TH STREET SUITE G-122 BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



03172005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1142481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARGOLIS, DAVID
141 N.W. 20TH STREET
SUITE G-122
BOCA RATON, FL 33431

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARGOLIS, DAVID 141 NW 20 ST G122 BOCA RATON, FL 33431
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03/21/05-80071-025 50.00

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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: 	Date: 3/17/05	Daytime Phone #: 561 338 3426
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		