

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000015007

**FILED  
Jul 08, 2006  
Secretary of State**

**Entity Name:** ALLWIN, LLC

**Current Principal Place of Business:**

8256 TIVOLI DR.  
ORLANDO, FL 32836

**New Principal Place of Business:**

**Current Mailing Address:**

8256 TIVOLI DR.  
ORLANDO, FL 32836

**New Mailing Address:**

**FEI Number:** 59-3741998      **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:**

G&L AGENT SERVICES, INC.  
390 NORTH ORANGE AVE.  
SUITE 600  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHAPROW, MARK MGR  
Address: 5085 LATROBE DRIVE  
City-St-Zip: WINDERMERE, FL 334786

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SHAPROW, MARK MGR  
Address: 8256 TIVOLI DRIVE  
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK SHAPROW

MGR

07/08/2006

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