

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002205

Entity Name: ALL TERRAIN OF FLORIDA, LLC

FILED
Jun 14, 2007
Secretary of State

Current Principal Place of Business:

6753 GARDEN ROAD
SUITE 103
RIVIERA BEACH, FL 33404 US

New Principal Place of Business:

6753 GARDEN ROAD
SUITE 109
RIVIERA BEACH, FL 33404 US

Current Mailing Address:

6753 GARDEN ROAD
SUITE 103
RIVIERA BEACH, FL 33404 US

New Mailing Address:

6753 GARDEN ROAD
SUITE 109
RIVIERA BEACH, FL 33404 US

FEI Number: 02-0554637 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:

OLSON, TODD J
4065 ILEX CIRCLE N.
PALM BEACH GARDENS, FL 33410 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: OLSON, TODD J
Address: 4065 ILEX CIRCLE N
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGRM () Delete
Name: GILLENWALTERS, SHARON L
Address: 16351 SW PINTO STREET
City-St-Zip: INDIANTOWN, FL 34956

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHARON GILLENWALTERS

MGRM

06/14/2007

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