2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:
SIGNATURE OF PIPED OF PUMPED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L02000015000  1. Entity Name ALLMAR, LLC					Apr 29, 2005 08:00 AM Secretary of State				
			<del></del> .	000.00	-				
Principal Place of Business		Mailing Address							
704 ELBORADO DR. VENICE FL 34285		704 ELDORADO DR. VENICE FL 34285			J				
					) ,	!####### ### #########################		 	
2. Principal Place of Business		3. Mailing Address		1					
Suite, Apt #, etc.		Suite, Apt. #, etc.			1st MOORE	CR2E08	33 (10/04)		
City & State		City & State			4. FEI Nur	NO-T APPI	LICABLE	~	oplied For at Applicable
Zip	Country	Country Zip Co		ntry	5. Certifica	ate of Status Desired		\$5.00 Add	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name a	nd Address of New i	Registered	Agent	
KONDISKO, ALLANA 704 ELDORADO DR. VENICE FL 34285				Street Address (P.O. Box Number is Not Acceptable)					
				City	<del></del>	<del> </del>	<u></u>	Zip Cod	e
The above named entity submits this statement for the purpose of changing its regis					rod agent or	hath in the State of C	FL	<u>- L </u>	_
	tions of registered agent.	of the purpose of crianging its	, leðinte	ed online or registe	ed agent, or	Dout, in the State of Fi	oriua, rain	rianima with,	and accept
SIGNATURE	Signature, typed or printed name of registered ager	t and title if antivoship /NO	E Begislare	id Agent signature require	d when reinstations	<del></del>	DATE		
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		Make Check Payab							
			e By M	ay 1, 2005					
9.	MANAGING MEMB	·	10.			ADDITIONS	/CHANGE		
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11. I hereby of indicated limited lia	certify that the information supplied wit I on this report is true and accurate an ability company or the receiver or truste	h this filing does not qualify fo d that my signature shall have se empowered to execute this	r the exe the sam report a	mption stated in Se e legal effect as if r s required by Chap	ection 119.07( made under o eter 608, Floric	(3)(í), Florida Statutes. ath; that I am a mana la Statutes.	I further ce ging memb	rtify that the in er or manage	nformation or of the

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94/415/393 Daytime Phone #

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