


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90072 020 ****50.00

DOCUMENT # L02000024536	
1. Entity Name ALLIED HOLDINGS, LLC	

Principal Place of Business P.O. BOX 5403 PLANT CITY, FL 33566	Mailing Address P.O. BOX 5403 PLANT CITY, FL 33815
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20005831



2. Principal Place of Business 7100 New Horizons Blvd Suite, Apt. #, etc.	3. Mailing Address 7100 New Horizons Blvd Suite, Apt. #, etc.
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01312006 Chg-LLC CR2E083 (11/05)

City & State N. Amityville, NY 11701	City & State 7100 New Horizons Blvd NY
Zip 11701	Zip 11701
Country USA	Country USA

4. FEI Number 03-0502289	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

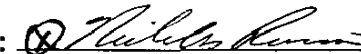
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSSARO, NICHOLAS 12 GINGERBREAD RD KINGS PARK, NY 11714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSSANO, Nicholas 12 GINGERBREAD RD KINGS PARK, NY 11714 <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.

SIGNATURE:  Nicholas ROSSANO	1/31/06	631 669 6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #