

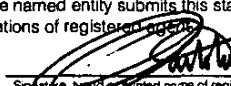



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90022 046 ****50.00

DOCUMENT # L02000029254					
1. Entity Name ALL FLORIDA PROPERTY MANAGEMENT, LLC					
Principal Place of Business 4895 WINDWARD PASSAGE DRIVE, SUITE 4 BOYNTON BEACH, FL 33436			Mailing Address 4895 WINDWARD PASSAGE DRIVE, SUITE 4 BOYNTON BEACH, FL 33436		
2. Principal Place of Business 2004 NE 49th St Suite, Apt. #, etc.		3. Mailing Address 2004 NE 49th St. Suite, Apt. #, etc.			
City & State Ft Lauderdale FL		City & State Ft Lauderdale FL		02082006 Chg-LLC CR2E083 (11/05)	
Zip 33308		Country USA		4. FEI Number 57-1138023	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BARTOLOME, ELMO V 4895 WINDWARD PASSAGE DRIVE, SUITE 4 BOYNTON BEACH, FL 33436			7. Name and Address of New Registered Agent Name: Bartolome, Elmo V. Street Address (P.O. Box Number is Not Acceptable): 2004 NE 49th St. City: Ft Lauderdale FL Zip Code: 33308		
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:  Elmo Bartolome			DATE: 4/11/06		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARTOLOME, ELMO V 4895 WINDWARD PASSAGE DRIVE, SUITE 4 BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bartolome, Elmo V. 2004 NE 49th St Ft Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARTOLOME, CEASAR 4895 WINDWARD PASSAGE DRIVE, SUITE 4 BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bartolome, Ceasar 2004 NE 49th St Ft Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARTOLOME, DELILAH 4895 WINDWARD PASSAGE DR, #5 BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bartolome, Delilah 2004 NE 49th St. Ft Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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		<input 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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Elmo Bartolome			DATE: 4/11/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		