

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025045

**FILED**  
**Apr 12, 2006**  
**Secretary of State**

**Entity Name:** ALL-AMERICAN INVESTMENT PROPERTIES LLC

**Current Principal Place of Business:**

2150 COLLIER AVE  
SUITE  
FORT MYERS, FL 33901 US

**New Principal Place of Business:**

2150 COLLIER AVE  
SUITE O  
FORT MYERS, FL 33901 US

**Current Mailing Address:**

2150 COLLIER AVE  
SUITE  
FORT MYERS, FL 33901 US

**New Mailing Address:**

2150 COLLIER AVE  
SUITE O  
FORT MYERS, FL 33901 US

**FEI Number:** 20-0079395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUNION, DEREK  
2150 COLLIER AVE  
SUITE  
FORT MYERS, FL 33901 US

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

RUNION, DEREK  
2150 COLLIER AVE  
SUITE O  
FORT MYERS, FL 33901 US

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:** DEREK RUNION

04/12/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** RUNION, DEREK  
**Address:** 2150 COLLIER AVE SUITE  
**City-St-Zip:** FORT MYERS, FL 33901 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** RUNION, DEREK  
**Address:** 2150 COLLIER AVE SUITE O  
**City-St-Zip:** FORT MYERS, FL 33901 US

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:** DEREK RUNION

MGRM

04/12/2006

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