2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT					_	FILE	- 11 -		
DOCUMENT # L03000028363 1. Entity Name A.L.L., LLC					DiVio	4 OCT 11 Hon of Col	PM 4:1	IONS	
Principal Place	of Business		IAI	LLAHASSE	i, FLUR	IUA			
2116 S. POR VERO BEACH	POISE POINT LANE , Fl. 32963	2116 S. PORPOISE POINT LANE VERO BEACH, FL 32963							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07072004	Chg-LLC	CR2E0	33 (10/03)	
City & State		City & State			4. FEI Number				Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate o	f Status Desired -		\$5.00 Addi Fee Required	
Name and Address of Current Registered Agent					7. Name and A	ddress of New R	legistered A	gent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				Street Address (P.O. Box Number is Not Acceptable)					
WIAWII, FL	33145							1	
			_	City			FL	Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or registe	red agent, or both	, in the State of Fk	orida. I am f	amiliar with, a	and accept
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)) serious inter a some in orth	DATE	ASSESSE AND PROPERTY OF THE PROPERTY OF	columbia mana da manarist. E
	ing Fee is \$50.00 by September 8, 2004						(e check p a Departm	ayable to ent of State	
9.	MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE NAME	MGR LANDSMAN, LARRY	☐ Delete	TITL	-				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	2116 S. PORPOISE POINT LANE VERO BEACH, FL 32963	Ī	STR	EET ADDRESS /-ST-ZIP	10/11	30041 1/040104	780 19020	590) **50.	. 00
TITLE	MGR	Delete	TITL	E				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	LANDSMAN, ALLISON 2116 S. PORPOISE POINT LANE VERO BEACH, FL 32963	Ē		AE EET ADDRESS 7-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO LANDSMAN, ALLISON 2116 S. PORPOISE POINT LANE VERO BEACH, FL 32963	- Oelete		<u>.</u>	 			☐ Change	Addition
TITLE NAME STREET ADDRESS	VERTO BESON, I E 02300	☐ Delete	TITI Nam Str	EE ADDRESS				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITU NAM STR	t t				Change	Addition.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAM STR	LE		·	<u>. </u>	☐ Change	Addition .
11. I hereby indicated fimited lia	certify that the information supplied with on this report is true and accurate and ability company or the receiver or trusted	this filing does not qualify for that my signature shall have empowered to execute this	the ext the sam report a	emption stated in S te legal effect as if is required by Char	section 119.07(3)(i made under cath; pter 608, Florida S), Florida Statutes, that I am a mana tatutes.	I further ce	tify that the in er or manage	nformation er of the
SIGNAT	URE:	F SIGNING MANAGING MEMBER, MA	NAGER, O	R AUTHORIZED REPRES	BENTATIVE 8	125/05		7 72 0 Daytime Phone #	234 6361

Allison Landsman