


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000051131
 1. Entity Name
ALL WALL LLC



Principal Place of Business Mailing Address
 1727 TH STREET WEST 1727 12TH STREET WEST
 PALMETTO, FL 34221 US PALMETTO, FL 34221 US



DO NOT WRITE IN THIS SPACE

08192005 No Chg-LLC CR2E083 (10/03)

4. H&I Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BURKETT, KAREN A
 1727 12TH STREET WEST
 PALMETTO, FL 34221

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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: *Karen A Burkett* DATE: *Aug 15, 2005*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BURKETT, KAREN A OWNER 1727 12TH STREET WEST PALMETTO, FL 34221
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 08/22/05-80007-025 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Karen A Burkett* Date: *Aug 15, 2005* Daytime Phone #: *(941) 228-1619*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE