


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000005213</b> 1. Entity Name <b>ALLIED MANAGEMENT SERVICES, LLC</b>	
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Principal Place of Business <b>4708 GRAINARY AVE TAMPA, FL 33624 US</b>	Mailing Address <b>4708 GRAINARY AVE TAMPA, FL 33624 US</b>
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**DO NOT WRITE IN THIS SPACE**



02152006 No Chg-LLC

CRZE083 (11/05)

4. FEI Number <b>20-0616200</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**FISHER, CHARLES W  
4708 GRAINARY AVE  
TAMPA, FL 33624**

**DO NOT WRITE  
IN THIS SPACE**

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

*Charles W. Fisher*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FEB. 18, 2006**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, CHARLES W 4708 GRAINARY AVE TAMPA, FL 33624
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63/04/06-80032-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Charles W. Fisher*

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

**FEB. 18, 2006**

Date

**813-505-5400**

Daytime Phone #