


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90173 012 ****55.00

DOCUMENT # L04000009870 1. Entity Name ALL AMERICAN WAREHOUSE, L.L.C.	
--	---

Principal Place of Business 105 EAST ROBINSON STREET SUITE 540 ORLANDO, FL 32801	Mailing Address 105 EAST ROBINSON STREET SUITE 540 ORLANDO, FL 32801
---	---

DO NOT WRITE IN THIS SPACE



01302006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0759577	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEATHERFORD, WILLIAM P JR.
1150 LOUISIANA AVE., SUITE 4
WINTER PARK, FL 32789

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DOREMUS, JOSEPH D 1016 TEMPLE GROVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BYWATER, WILLIAM G 105 EAST ROBINSIN STREET SUITE 540 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: William P. Weatherford 1-31-06 407 208 5736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #