


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000009870</b> 1. Entity Name ALL AMERICAN WAREHOUSE, L.L.C.	
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Principal Place of Business 105 EAST ROBINSON STREET SUITE 540 ORLANDO, FL 32801	Mailing Address 105 EAST ROBINSON STREET SUITE 540 ORLANDO, FL 32801
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**DO NOT WRITE IN THIS SPACE**



02272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0759577	Applied For 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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<b>6. Name and Address of Current Registered Agent</b>  WEATHERFORD, WILLIAM P JR. 1150 LOUISIANA AVE., SUITE 4 WINTER PARK, FL 32789
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**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, 2007**

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
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03/15/07-80026-012 50.00

**DO NOT WRITE  
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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 **2-27-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #