2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010207

Entity Name: ALL AMERICAN DEBRIS & WRECKING, LLC

FILED Mar 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4118 CRANSLEY PLACE JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

PO BOX 16952 PO BOX 24071

JACKSONVILLE, FL 322456952 JACKSONVILLE, FL 32241

FEI Number: 20-0786496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLARK, JOHN CARL
4118 CRANSLEY PLACE
JACKSONVILLE, FL 32257 US

CLARK, MARISSA M
4118 CRANSLEY PLACE
JACKSONVILLE, FL 32257 US

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.

SIGNATURE: MARISSA M CLARK 03/28/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

 Title:
 MGR () Delete
 Title:
 PRES (X) Change () Addition

 Name:
 CLARK, JOHN CARL
 Name:
 CLARK, MARISSA M

 Address:
 4118 CRANSLEY PLACE
 Address:
 4118 CRANSLEY PLACE

Address: 4118 CRANSLEY PLACE Address: 4118 CRANSLEY PLACE
City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32257

 Title:
 () Delete
 Title:
 VP () Change (X) Addition

 Name:
 Name:
 CLARK, JOHN C

 Address:
 Address:
 4118 CRANSLEY PLACE

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARISSA M CLARK PRES 03/28/2006