


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90039 027 ***150.00

DOCUMENT # L04000011189

1. Entity Name
ALLARD, LLC



Principal Place of Business 695 CENTRAL AVE #207 ST PETERSBURG, FL 33701	Mailing Address 695 CENTRAL AVE #207 ST PETERSBURG, FL 33701
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20000524



01042006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0731413	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

ALLARD, WILLIAM
 695 CENTRAL AVE #207
 ST PETERSBURG, FL 33701

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 _____ (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	P ALLARD, WILLIAM 695 CENTRAL AVE #207 SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLARD, ERIK 695 CENTRAL AVE #207 SAINT PETERSBURG, FL 33701
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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: ERIK ALLARD 1/4/2006 727-894-5002

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