

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039236

FILED  
Apr 29, 2006  
Secretary of State

Entity Name: ALLIED TESTING FACILITIES, LLC

**Current Principal Place of Business:**

5850 CORPORATION CIRCLE  
FORT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 511249  
PUNTA GORDA, FL 33951

**New Mailing Address:**

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

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

MCQUEEN, PAULA F  
1625 W. MARION AVENUE  
SUITE 6  
PUNTA GORDA, FL 33950 US

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

MCQUEEN, PAULA F  
1133 BAL HARBOR BLVD.  
SUITE 1135  
PUNTA GORDA, FL 33950 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: PAULA F. MCQUEEN

04/29/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MCQUEEN, PAULA F  
Address: 1625 W. MARION AVENUE, SUITE 6  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCQUEEN, PAULA F  
Address: 1133 BAL HARBOR BLVD, SUITE 1135  
City-St-Zip: PUNTA GORDA, FL 33950

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: PAULA F. MCQUEEN

MGR

04/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date