

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044333

Entity Name: ALLNI, LLC

FILED  
Mar 21, 2005  
Secretary of State

## Current Principal Place of Business:

13101 MAHOGANY DRIVE  
BOYNTON BEACH, FL 33436 US

## New Principal Place of Business:

8855 THUMBWOOD CIR UNIT 13-B  
UNIT 13-B  
BOYNTON BEACH, FL 33436 US

## Current Mailing Address:

13101 MAHOGANY DRIVE  
BOYNTON BEACH, FL 33436 US

## New Mailing Address:

8855 THUMBWOOD CIR UNIT 13-B  
BOYNTON BEACH, FL 33436 US

FEI Number: 20-1235464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RODRIGUEZ, CARLOS  
13101 MAHOGANY DRIVE  
BOYNTON BEACH, FL 33436 US

## Name and Address of New Registered Agent:

RODRIGUEZ, CARLOS  
8855 THUMBWOOD CIR UNIT 13-B  
BOYNTON BEACH, FL 33436 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: CARLOS RODRIGUEZ

03/21/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: RODRIGUEZ, CARLOS  
Address: 13101 MAHOGANY DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: RODRIGUEZ, CARLOS  
Address: 8855 THUMBWOOD CIR UNIT 13-B  
City-St-Zip: BOYNTON BEACH, FL 33436 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARLOS RODRIGUEZ

MGRM

03/21/2005

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