
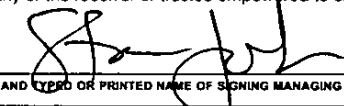


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 MAY -4 AM 10: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000050773					
1. Entity Name ALL FLORIDA CUSTOM DESIGN, LLC					
Principal Place of Business 580 ROBINSON FARMS RD. TALLAHASSEE, FL 32317			Mailing Address 580 ROBINSON FARMS RD. TALLAHASSEE, FL 32317		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 42-1528343	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	
Country		Country		05042006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNS, STEPHEN T JR 580 ROBINSON FARMS RD. TALLAHASSEE, FL 32317			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, STEPHEN T JR			NAME	
STREET ADDRESS	580 ROBINSON FARMS RD.			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32317			CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, STACI P			NAME	
STREET ADDRESS	580 ROBINSON FARMS RD.			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32317			CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELIN, ROBERT M			NAME	
STREET ADDRESS	11362 GRANNY LN			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32305			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 				Date: 5/4/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

