2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L04000053550

Entity Name: JUSTICE FOR ALL FL, LLC

Current Principal Place of Business:

10117 SE HWY 441
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

10117 SE HWY 441
BELLEVIEW, FL 34420

New Mailing Address:

FEI Number: 20-1703533 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAUNDERS, CATHERINE C
10117 SE HWY 441
BELLEVIEW, FL 34420 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SAUNDERS, CATHERINE C
Address: 10117 SE HWY 441
City-St-Zip: BELLEVIEW, FL 34420

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SAUNDERS, CATHERINE C
Address: 10117 SE HWY 441
City-St-Zip: BELLEVIEW, FL 34420 US

Title: MIN ( ) Change (X) Addition
Name: SAUNDERS, JEREMY M JR
Address: 10117 SE HWY 441
City-St-Zip: BELLEVIEW, FL 34420 US

Title: MIN ( ) Change (X) Addition
Name: SAUNDERS, ROSALINA M
Address: 10117 SE HWY 441
City-St-Zip: BELLEVIEW, FL 34420 US

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: CATHERINE C. SAUNDERS MGRM 04/28/2006

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