


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90055 015 \*\*\*\*\*55.00

**DOCUMENT # L04000054070**  
 1. Entity Name  
**ALLSTATE PAVING AND MAINTENANCE L.L.C.**



Principal Place of Business      Mailing Address  
**4221- SOUTHEAST 46TH STREET**      **C/O P.O. BOX 830189**  
**OCALA FL 34480**      **OCALA FL 34483-0189**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

**30002699**



1st MOORE      CR2E083 (10/04)

4. FEI Number      Applied For  
**34-2009457**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BADANEK, MICHAEL JOHN**  
**3391- EAST SILVER SPRINGS BLVD.**  
**OCALA FL 34470**

7. Name and Address of New Registered Agent  
 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      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGR</b> <b>WILSON WANDA NAN</b> <b>4221- SE 46th St</b> <b>OCALA, FL 34480</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Wanda Non Wilson MGR      2/27/2005      352-694-8122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #