

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056490

FILED
Feb 15, 2006
Secretary of State

Entity Name: ALL LENDING SERVICES LLC

Current Principal Place of Business:

337 EAST ROBERTSON ST
BRANDON, FL 33511 US

New Principal Place of Business:

5676 S FLORIDA AVENUE
LAKELAND, FL 33813 US

Current Mailing Address:

5408 BURNT HICKORY DR.
VALRICO, FL 33594 US

New Mailing Address:

FEI Number: 20-1434965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAR, AMRIT
337 EAST ROBERTSON ST
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

BRAR, AMRIT
5676 S FLORIDA AVENUE
LAKELAND, FL 33813 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:

02/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRAR, AMRIT
Address: 337 EAST ROBERTSON ST
City-St-Zip: BRANDON, FL 33511 US

Title: MGRM () Delete
Name: BRAR, TINA
Address: 337 EAST ROBERTSON ST
City-St-Zip: BRANDON, FL 33511 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRAR, AMRIT
Address: 5676 S FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33813 US

Title: MGRM (X) Change () Addition
Name: BRAR, TINA
Address: 5676 S FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33813 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: AMRIT BRAR

MGRM

02/15/2006

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