2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000058886

1. Entity Name

ALL ÁMERICAN LIQUORS, LLC

Principal Place of Business Mailing Address

7381 SPRING HILL DR. SPRING HILL, FL 34606

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7381 SPRING HILL DR. SPRING HILL, FL 34606

US

FILED
Jan 19, 2007 08:00 AM
Secretary of State



01112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2480367			Applied For Not Applicable
5. Certificate of Status Desired)ZI)	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

BROOKS, KATHLEEN M 1290 GILPIN AVE SPRING HILL, FL 34608

DO NOT WRITE

	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
SIGNATU	RE		
the obl	ligations of registered agent.		•
ະ. Ine ab	love named entity submits this statement for the purpose of chang	ling its registered office or registered agent, or both, in the State of Florida.	i am tamiliar with, and accept

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROOKS, KATHLEEN M 1290 GILPIN AVE. SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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DO NOT WRITE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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: - Karlleen M. Brooks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01-15-09

352-688-510Ce

Daytime Phone #