2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000065464

W. ALLEN COMPANY, L.L.C.



FILED Mar 15, 2007 08:00 A Secretary of State

Principal Place of Business

6155 SHORELINE DR. PORT ORANGE, FL 32127 Mailing Address

P.O. BOX 9667

DAYTONA BEACH, FL 32120



02152007 No Chg-LLC

CR2E083 (11/05)

4. F	FEI Number			Applied For
6	35-1234782			Not Applicable
5 . C	Certificate of Status Desired		\$5.0	Additional

Fee Required

6. Name and Address of Current Registered Agent

SCOTT, MARK A 6155 SHORELINE DR. PORT ORANGE, FL 32127

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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, typed or printed name of registered agent and title if applicable

MANAGING MEMBERS/MANAGERS

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, MARK A 6155 SHORELINE DR. PORT ORANGE, FL 32127				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTT, BRIAN W P.O.BOX 9667 DAYTONA BEACH, FL 32120				
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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: ND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE