2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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DOCUMENT # L04000078068 1. Entity Nation ALL ABOUT WOOD LLC							ULC Ulph		6 W
Principal Place of Business 3478 RIVERHILL DRIVE PACE FL 32571		Mailing Address 3478 RIVERHILL DRIVE PACE FL 32571				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Pu	ace of Business	3. Mailing Address			- "	(1777) (1) CMT, CTS4 62711 OF	AI USTA DETTA OFTEN M	IN SERIE CONT. AT	18000
Suite, Apt. #, etc.		Suite, Apt. 4, etc.			- 	1st MOORE	CR2E083	(10/04)	
City & State		City & State		4, FEI Nurr	tber 15 56 98			oplied For of Applicable	
Zp	Country	Zip	Coun	ntry	T	ite of Status Desired		5.00 Add se Require	
	6. Name and Address of Current	Name	7. Name a	nd Address of New					
3478	IMAN, TINA M BRIVERHILL DRIVE	· -		Street Address	(P.O. Box Nurr	ber is Not Acceptab		· ·	
PAC	E FL 32571								
				City			FL	Zip Cod	
8. The above named entity subgrits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am territiar with, and accept the obligations of registered agent. SIGNATURE Spanier, reped or priced name of registered agent and are it applicant appropriate agent and are it applicant appropriate required when sensions? [MOIE Registered Agent supreture required when sensions]									
FILE NOW!!! FEE IS \$50.00									
		Make Check Payabi		orida Departma ay 1, 2005	ent of State				
0.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	S/CHANGES		
HITLE MG/2M HAME STREET ACCORESS CITY-SI-ZEP	EICHMAN, TINA M 3478 RIVERHILL DRIVE PACE FL 32571	☐ Delete		- 1				□ Change	Addition
TITLE NAME STREET ADDRESS CITY-51-ZIP		☐ Delate		•				Change	☐ Addition
MILE MAME STREET ADDRESS CITYASTADE		☐ Delete		- I	-			Change	Addition
TITLE MANUE STREET ADDRESS CITY-ST-ZIP		☐ Detete						Change Change	Addillon
EITLE NAME SEREEL ADDRESS CITY-SI-DP		☐ Delete		1				☐ Charge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Daleto	4	· · [-			☐ Change	Addillon
11. I hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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 each, that I am a managing member or manager of the limited liability company or the receiver or mystee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: 71201 TYSU-995-14 0M									