2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000083262

Entity Name: ALL POLY, LLC

Current Principal Place of Business:

3795 ALT. HWY. 19 NORTH UNIT C
PALM HARBOR, FL 34683

New Principal Place of Business:

13604 COUNTY LINE ROAD
FOUNTAIN, FL 32438

Current Mailing Address:

3795 ALT. HWY. 19 NORTH UNIT C
PALM HARBOR, FL 34683

New Mailing Address:

13604 COUNTY LINE ROAD
FOUNTAIN, FL 32438

FEI Number: 20-2050634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOOVER, ROGER A
3795 ALT. HWY. 19 NORTH UNIT C
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

HOOVER, ROGER A
13604 COUNTY LINE ROAD
FOUNTAIN, FL 32438 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: 04/29/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: HOOVER, ROGER A
Address: 3795 ALT. HWY. 19 NORTH UNIT C
City-St-Zip: PALM HARBOR, FL 34683

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HOOVER, ROGER A
Address: 13604 COUNTY LINE ROAD
City-St-Zip: FOUNTAIN, FL 32438

Title: MEM ( ) Change (X) Addition
Name: HOOVER, CHRISTINE M
Address: 13604 COUNTY LINE ROAD
City-St-Zip: FOUNTAIN, FL 32438

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROGER A HOOVER MGRM 04/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date