

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90045 026 \*\*\*\*50.00

<b>DOCUMENT # L05000001250</b>	
1. Entity Name <b>ALL TRADE RENOVATIONS, LLC</b>	

Principal Place of Business <b>2315 EAST 9TH AVENUE TAMPA, FL 33605 US</b>	Mailing Address <b>2315 EAST 9TH AVENUE TAMPA, FL 33605 US</b>
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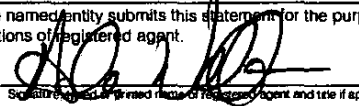
2. Principal Place of Business <b>2707 E. 11th AVE</b> Suite, Apt. #, etc. <b>N/A</b>	3. Mailing Address <b>2707 E. 11th AVE</b> Suite, Apt. #, etc. <b>N/A</b>
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04202006 Chg-LLC CR2E083 (11/05)

City & State <b>TAMPA, FL</b>	City & State <b>TAMPA, FL</b>	4. FEI Number <b>20-2102171</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33605</b>	Country <b>USA</b>	Zip <b>33605</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>WALLACE, ALLEN R 2315 EAST 9TH AVENUE TAMPA, FL 33605</b>		7. Name and Address of New Registered Agent Name <b>WALLACE, ALLEN R</b> Street Address (P.O. Box Number is Not Acceptable) <b>2707 E. 11th AVE</b> City <b>TAMPA, FL</b> Zip Code <b>33605</b>	
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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.

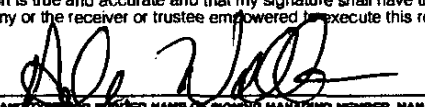
SIGNATURE  **Allen Wallace** DATE **4/24/06**

Signature must be printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WALLACE, ALLEN R</b>		NAME	
STREET ADDRESS <b>2315 EAST 9TH AVENUE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA, FL 33605</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **ALLEN WALLACE** DATE **4/24/06** (813) 924-3677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #