

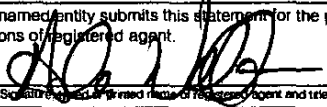



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**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>		
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>			
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>		4. FEI Number <b>20-2102171</b>	
Zip <b>33605</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</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> <b>FL</b> Zip Code <b>33605</b>	
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  <b>Allen Wallace</b> <span style="float: right;">4/24/06</span> <small>Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>WALLACE, ALLEN R</b> <b>2315 EAST 9TH AVENUE</b> <b>TAMPA, FL 33605</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>ALLEN WALLACE</b> <span style="float: right;">4/24/06 924-3677</span> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					