2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State
04-03-2006 90073 035 ****50.00

DOCUMENT # L05000004319

1. Entity Name
ALL ABOUT YARDS LLC

Principal Place of Business	Mailing Address
2917 CRESCENT AVE CRESTVIEW, FL 32539	2917 CRESCENT AVE CRESTVIEW, FL 32539

2. Principal Place of Business	3. Mailing Address
landscaping	2917 Crescent Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2917
City & State	City & State Crestview, FL
Zip / Country	Zip 32539 / Country USA

03272006 Chg-LLC CR2E083 (11/05)

4. FEI Number 59-48-2058 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GROGG, BRIAN S 2917 CRESCENT AVE CRESTVIEW, FL 32539	Name Brian S Grogg Street Address (P.O. Box Number is Not Acceptable) 2917 Crescent Ave City Crestview FL Zip Code 32539

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: Brian S Grogg (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE 7/15/06

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GROGG, BRIAN S 2917 CRESCENT AVE CRESTVIEW, FL 32539	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GORUM, CHRIS W 1125 FARMER ST CRESTVIEW, FL 32539	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WICKER, JAMES T 208 WESTVIEW DRIVE CRESTVIEW, FL 32536	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Brian S Grogg 7/15/06 850-305-2278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #