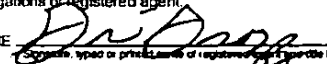


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 2917 CRESCENT AVE CRESTVIEW, FL 32539		Mailing Address 2917 CRESCENT AVE CRESTVIEW, FL 32539	
2. Principal Place of Business Landscaping		3. Mailing Address 2917 Crescent Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Crestview, FL		City & State Crestview, FL	
Zip 32539	Country USA	Zip 32539	Country USA
4. FEI Number 592482058		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GROGG, BRIAN S 2917 CRESCENT AVE CRESTVIEW, FL 32539		7. Name and Address of New Registered Agent 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 		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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GORUM, CHRIS W 1125 FARMER ST CRESTVIEW, FL 32539 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WICKER, JAMES T 208 WESTVIEW DRIVE CRESTVIEW, FL 32538 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: 		Date 6/7/06 / 850-305-2278	