
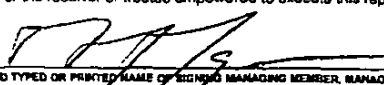


FILED
May 31, 2006 8:00 am
Secretary of State

04-26-2006 90021 030 ****55.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000023326			
1. Entity Name ALL IN LLC			
Principal Place of Business 5405 TAYLOR ROAD SUITE 4 NAPLES, FL 34109		Mailing Address 5405 TAYLOR ROAD SUITE 4 NAPLES, FL 34109	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04212006		Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-4323000		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MANGANARO, MICHAEL 2300 Guadalupe Drive Naples, FL 34119		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Michael Manganaro 2300 Guadalupe Drive Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> 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"/> Delete	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: 		4/24/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

ATTACHMENT

30009269
#L05000023326

MARC F. OATES, P.A.

Attorneys at Law

5515 Bryson Drive
Suite 502
Naples, Florida 34109
Telephone (239) 598-1136/Facsimile (239) 598-4272
E-Mail Address: Marc@MarcOatesLaw.com

April 21, 2006

CERTIFIED MAIL- 7005 0390 0002 8660 1988
RETURN RECEIPT REQUESTED

Division of Corporation
P.O. Box 6478
Tallahassee, FL 32314

RE: Entity: All In LLC
File No.: 02-106.001

Dear Sir/Madam:

In connection with the above referenced entity, please find our trust account check number 10107, in the amount of \$55.00, representing the annual report filing fee (\$50.00) and the Certificate of Status (\$5.00), pursuant to the enclosed 2006 Limited Liability Company Annual Report.

Should you have any questions, please feel free to contact me at the above referenced telephone number.

Very truly yours,
MARC F. OATES, P.A.



Amber Keller, Paralegal to
Marc F. Oates, Esq.

/aek

Enclosure as stated

ATTACHMENT

30009269

L05000023326

MARC F. OATES, P.A.

Attorneys at Law

5515 Bryson Drive
Suite 502
Naples, Florida 34109
Telephone (239) 598-1136/Facsimile (239) 598-4272
E-Mail Address: Marc@MarcOatesLaw.com

May 23, 2006

CERTIFIED MAIL- 7006 0100 0005 1483 3868
RETURN RECEIPT REQUESTED

Division of Corporation
P.O. Box 6478
Tallahassee, FL 32314

RE: Entity: All In LLC
File No.: 02-106.001

Dear Sir/Madam:


In connection with the above referenced entity, please find enclosed the following:

1. Your correspondence dated May 2, 2006;
2. Completed 2006 Limited Liability Company Annual Report; and
3. Our Correspondence dated April 21, 2006.

Please notify our office of confirmation of filing via facsimile at (239) 598-4272, as soon as possible.

Should you have any questions, please feel free to contact me at the above referenced telephone number.

Very truly yours,
MARC F. OATES, P.A.


Amber Keller, Paralegal to
Marc F. Oates, Esq.

/aek
Enclosure as stated