
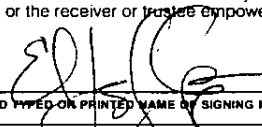


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

|  |                                      |                     |  |   |  |
|--|--------------------------------------|---------------------|--|---|--|
| DOCUMENT # L05000033987  |                                      |                     |  |  |  |
| 1. Entity Name<br><b>ALL BRITE, LLC</b>  |                                      |                     |  |   |  |
| Principal Place of Business<br><b>2844 TETON TRAIL<br/>TALLAHASSEE, FL 32303</b>   |                                      |                     | Mailing Address<br><b>2844 TETON TRAIL<br/>TALLAHASSEE, FL 32303</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                                      | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |                                      | Suite, Apt. #, etc. |  |   |  |
| City & State   |                                      | City & State        |  |   |  |
| Zip  | Country                              | Zip                 | Country  |   |  |
| 6. Name and Address of Current Registered Agent  |                                      |                     | 7. Name and Address of New Registered Agent                          |   |  |
| <b>JEFFERSON, EL JAY</b><br><b>2844 TETON TRAIL</b><br><b>TALLAHASSEE, FL 32303</b>  |                                      |                     | Name   |   |  |
|  |                                      |                     | Street Address (P.O. Box Number is Not Acceptable)                   |   |  |
|  |                                      |                     | City   |   |  |
|  |                                      |                     | <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                                      |                     |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |                                      |                     |  | <b>Make check payable to<br/>Florida Department of State</b>                      |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                      |                     | 10. ADDITIONS/CHANGES  |   |  |
| TITLE  | MGRM <input type="checkbox"/> Delete |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | JEFFERSON, EL JAY                    |                     | NAME   |   |  |
| STREET ADDRESS   | 2844 TETON TRAIL                     |                     | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | TALLAHASSEE, FL 32303                |                     | 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. |                                      |                     |  |   |  |
| <b>SIGNATURE:</b>   |                                      |                     | 4-2-07   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                      |                     | Date Daytime Phone #   |   |  |

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04022007 Chg-LLC CR2E083 (12/06)

4. FEI Number **74-3201559** APPLIED FOR

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

**FL**

**500095704045**  
04/03/07--01055--021 \*\*\$5.00