

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90175 026 \*\*\*\*50.00

<b>DOCUMENT # L05000062181</b>					
<b>1. Entity Name</b> ALL, LLC				<b>Principal Place of Business</b> 133 HARBORS WAY BOYNTON BEACH, FL 33435	
<b>2. Principal Place of Business</b>				<b>Mailing Address</b> 133 HARBORS WAY BOYNTON BEACH, FL 33435	
<b>Suite, Apt. #, etc.</b>		<b>Suite, Apt. #, etc.</b>		<b>City &amp; State</b>	
<b>Zip</b>		<b>Country</b>		<b>City &amp; State</b>	
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 20-3188060	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  LLOYD, ANDRE L 133 HARBORS WAY BOYNTON BEACH, FL 33435				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City	
<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.</b>				<b>5.00 Additional Fee Required</b>	
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)				<b>DATE</b>	
<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>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> LLOYD, ANDRE L 133 HARBORS WAY BOYNTON BEACH, FL 33435			<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> LLOYD, SHEILLA 133 HARBORS WAY BOYNTON BEACH, FL 33435			<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
<b>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>				<b>SIGNATURE:</b> <i>Andre Lloyd</i>	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>				<b>Date</b> 2-11-06	
				<b>Daytime Phone #</b>	