

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096388

FILED
Apr 28, 2006
Secretary of State

Entity Name: ALLEN & OLSON MANAGEMENT SERVICES, L.L.C.

Current Principal Place of Business:

500 SOUTH FLORIDA AVENUE STE 340
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

500 SOUTH FLORIDA AVENUE STE 340
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 20-3680760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, EDWARD A
500 SOUTH FLORIDA AVENUE STE 340
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: M () Delete
Name: ALLEN, EDWARD A
Address: 500 SOUTH FLORIDA AVENUE STE 340
City-St-Zip: LAKELAND, FL 33801

Title: M () Delete
Name: OLSON, DAVID L
Address: 1233 BEDFORD ROAD
City-St-Zip: LOWELLVILLE, OH 44436

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARD A ALLEN

M

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date