

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098992

FILED  
May 10, 2006  
Secretary of State

Entity Name: ALL AMERICAN CAULKING AND RESTORATION LLC

## Current Principal Place of Business:

601 SWEETWATER CLUB CIRCLE  
LONGWOOD, FL 32779

## New Principal Place of Business:

3859 WEKIVA SPRINGS RD  
#169  
LONGWOOD, FL 32779

## Current Mailing Address:

601 SWEETWATER CLUB CIRCLE  
LONGWOOD, FL 32779

## New Mailing Address:

3859 WEKIVA SPRINGS RD  
#169  
LONGWOOD, FL 32779

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

LOMBARDO, JOHN  
601 SWEETWATER CLUB CIRCLE  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

LOMBARDO, JOHN  
3859 WEKIVA SPRINGS RD  
#169  
LONGWOOD, FL 32779 US

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:

05/10/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LOMBARDO, JOHN  
Address: 601 SWEETWATER CLUB CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LOMBARDO, EDIE  
Address: 3859 WEKIVA SPRINGS RD #169  
City-St-Zip: LONGWOOD, FL 32779

Title: MGR ( ) Change (X) Addition  
Name: CARDOZA, DEAN  
Address: 3859 WEKIVA SPRINGS RD #169  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Change (X) Addition  
Name: LOMBARDO, JOHN  
Address: 3859 WEKIVA SPRINGS RD #169  
City-St-Zip: LONGWOOD, FL 32779

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: JOHN LOMBARDO

MGRM

05/10/2006

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