2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119115

Entity Name: ALL WAYS HOME LLC

FILED Feb 15, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 31173

PALM BCH GARDENS, FL 33420

Current Mailing Address: New Mailing Address:

P.O. BOX 31173

PALM BCH GARDENS, FL 33420

FEI Number: 20-2404499 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ONUFER, J 53 PRINCEWOOD LANE PALM BCH GARDENS, FL 33410 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: ONUFER, JON MR.

Address: P.O. BOX 31173 Address: P.O. BOX 31173

City-St-Zip: PALM BCH GARDENS, FL 33420 City-St-Zip: PALM BCH GARDENS, FL 33420 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: LEEGATE, ALLISON MS.

Address: P.O. BOX 31173 Address: P.O. BOX 31173

City-St-Zip: PALM BCH GARDENS, FL 33420 City-St-Zip: PALM BCH GARDENS, FL 33420 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: HEAD, MARION MS.

Address: P.O. BOX 31173 Address: P.O. BOX 31173

City-St-Zip: PALM BCH GARDENS, FL 33420 City-St-Zip: PALM BCH GARDENS, FL 33420 US

City-St-Zip: PALM BCH GARDENS, FL 33420 City-St-Zip: PALM BCH GARDENS, FL 33420 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: UNGERER, JOE MR. UNGERER, JOE MR.

Name: UNGERER, JOE Name: UNGERER, JOE MR.
Address: P.O. BOX 31173 Address: P.O. BOX 31173

City-St-Zip: PALM BCH GARDENS, FL 33420 City-St-Zip: PALM BEACH GARDENS, FL 33420 US

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: J. ONUFER MR. 02/15/2006