
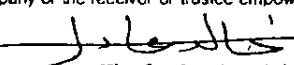


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

04-19-2007 90027 009 ****50.00

DOCUMENT # L06000014604							
1. Entity Name ALL ESTATE SOLUTIONS L.L.C.							
Principal Place of Business 8302 NW 103RD ST. SUITE 203/205 HIALEAH GARDENS FL 33016-4698			Mailing Address 8302 NW 103RD ST. SUITE 203/205 HIALEAH GARDENS FL 33016-4698				
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	4. FEI Number 20-3293502			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ADEL, KHALED S 16533 NW 77TH PATH MIAMI LAKES FL 33016			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007							
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADEL, KHALED S		NAME				
STREET ADDRESS	16533 NW 77TH PATH		STREET ADDRESS				
CITY-STATE-ZIP	MIAMI LAKES FL 33016		CITY-STATE-ZIP				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERNANDEZ ADEL, ILEANA A		NAME				
STREET ADDRESS	16533 NW 77TH PATH		STREET ADDRESS				
CITY-STATE-ZIP	MIAMI LAKES FL 33016		CITY-STATE-ZIP				
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TARANI, ANTONELLA		NAME				
STREET ADDRESS	732 EUCLID AVE APT. 10		STREET ADDRESS				
CITY-STATE-ZIP	MIAMI BEACH FL 33139		CITY-STATE-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-STATE-ZIP			CITY-STATE-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-STATE-ZIP			CITY-STATE-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-STATE-ZIP			CITY-STATE-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.							
SIGNATURE: 			Khaled S. Adel		GENERAL MANAGER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		04-12-2007		
					(305) 822-2009		
					Daytime Phone #		