## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## FILED Apr 23, 2007 8:00 am Secretary of State

Daytime Phone #

| DOCUMENT # L06000035650  1. Entity Name ALL IN ENTERPRISES, LLC      |   |  |                       |                       | 10.50                 | 04-23-200                             | 07 90367 038 ****                            | '50.00                      |
|--|---|--|-----------------------|-----------------------|-----------------------|---------------------------------------|--|-----------------------------|
| Principal Place of Business<br>P.O. BOX 320786<br>TAMPA, FL 33679 US |   | Mailing Address P.O. BOX 320786 TAMPA, FL 33679 US |                       | 60038613              |                       |                                       |  |                             |
| 2. Principal Place of Business - No P.O. Box #                       |   | 3. Mailing Address                                 |                       |                       |                       |                                       |  |                             |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                                |                       | 04122007              | Chg-LLC               | CR2E083 (12/06)                       |  |                             |
| City & State   |   | City & State                                       | City & State          |                       | 4. FEI Numb           | er<br>- 46370                         |  | pplied For<br>ot Applicable |
| Zıp  | Country Zip Co  |  | Coun                  | try                   |                       | e of Status Desired                   | S5.00 Ad<br>Fee Require                      |                             |
|  | 6. Name and Address of Curre  | nt Registered Agent                                |                       | Name                  | 7. Name an            | d Address of New                      | Registered Agent                             |                             |
| BELL, CHADWICK W<br>4102 W. GRANADA STREET                           |   |  |                       | Street Addres         | s (P.O. Box Numi      | per is Not Acceptab                   | ole)   |                             |
| TAMPA, F   | L 33629   |  |                       |                       |                       |                                       |  |                             |
|  |   |  | i                     | City                  |                       |                                       | FL Zip Coo                                   | de                          |
| 8. The above   | named entity submits this statement ions of registered agent.                 | for the purpose of changing its                    | s registere           | ed office or regis    | tered agent, or b     | oth, in the State of F                | lorida. I am familiar with                   | and accept                  |
| SIGNATURE  |   |  |                       |                       |                       |                                       |  |                             |
|  | Signature, typed or printed name of registered ago                            | er and title if upplicable (RO)                    | TE Registered         | LAgent signature requ | red ween reinstating) |                                       | DATE   |                             |
|  | iling Fee is \$50.00<br>ue by May 1, 2007                                     |  |                       |                       |                       |                                       | ke check payable to<br>da Department of Stat | e                           |
| 9.   | MANAGING MEM  | BERS/MANAGERS                                      | 10.                   |                       |                       | ADDITIONS                             | S/CHANGES                                    |                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                | MGR. CHADWICK W<br>4102 W. GRANADA STREET<br>TAMPA, FL 33629                  | ☐ Defete   |                       | ľ                     |                       |                                       | ☐ Change                                     | ☐ Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST ZIP                                | MGR<br>MARTINEZ, CHRISTOPHER D<br>10325 LIGHTNER BRIDGE DR<br>TAMPA, FL 33626 |  |                       | 1                     |                       |                                       | ☐ Change                                     | Addition .                  |
| HILE<br>NAME<br>SIREET AUDRESS<br>CITY ST ZIP                        |   | ☐ Delete   | HILL<br>NAME<br>STREE |                       |                       |                                       | ☐ Change                                     | Addition                    |
| TITLE NAME SIREET ADDRESS GITY-ST-ZIP                                |   | ☐ Delete   | 2                     |                       |                       |                                       | ☐ Change                                     | Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                |   | ☐ Delete   |                       | 1 ADDRESS ST- ZIP     |                       | · · · · · · · · · · · · · · · · · · · | ☐ Change                                     | Addition                    |
| HTLE<br>NAME   |   | ☐ Delete   | TITLE                 |                       |                       |                                       | ☐ Change                                     | Addition                    |
| STREET ADDRESS .<br>CITY ST ZIP                                      |   |  |                       | ST-ZIP                |                       |                                       |  |                             |