2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 31, 2007 8:00 am
Secretary of State
05-01-2007 90322 049 ****50.00

DOCUMENT # L06000079894

1. Entity Name
DALE ALLEN "LLC"

Principal Place of Business	Mailing Address
921 DIAMOND ACRES ROAD DAVENPORT FL 33837	921 DIAMOND ACRES ROAD DAVENPORT FL 33837

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1716 S. Civitan Ave.	1716 S. Civitan Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL.	City & State: Lakeland, FL.
Zip: 33801 Country: Polk	Zip: 33801 Country: Polk

4. FEI Number 59-3685457 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOHR, SUMMER K
921 DIAMOND ACRES ROAD
DAVENPORT FL 33837

7. Name and Address of New Registered Agent

Name: Summer K. Lohr
Street Address (P.O. Box Number is Not Acceptable): 1716 S. Civitan Ave.
City: Lakeland FL Zip Code: 33801

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: Summer Kate Lohr [signature] 4-19-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, DALE 921 DIAMOND ACRES ROAD DAVENPORT FL 33837	[X] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Allen, Dale 1716 S. Civitan Ave LAKELAND FL 33801	[X] Change [ ] Addition
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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: [signature] 4-15-07 863-557-8744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #