2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007
Secretary of State

DOCUMENT# L06000112000

Entity Name: ALL INCLUSIVE COMPUTER SERVICES LLC

Current Principal Place of Business:

2020 E. NEWHAVEN ST.
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

2020 E. NEWHAVEN ST.
INVERNESS, FL 34453

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GODLEWSKI, STANLEY
2020 E. NEWHAVEN ST.
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

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:

Title:	MGR	( ) Delete
Name:	GODLEWSKI, STANLEY	
Address:	2020 E. NEWHAVEN ST.	
City-St-Zip:	INVERNESS, FL 34453	
Title:	MGRM	( ) Delete
Name:	GODLEWSKI, MADALYN	
Address:	2020 E. NEWHAVEN ST.	
City-St-Zip:	INVERNESS, FL 34453	
Title:	MGRM	( ) Delete
Name:	CARR, CHARLES	
Address:	4998 N. TANGLEWOOD AVE.	
City-St-Zip:	HERNANDO, FL 34442	
Title:	MGRM	( ) Delete
Name:	CARR, BARTA	
Address:	4998 N. TANGLEWOOD AVE.	
City-St-Zip:	HERNANDO, FL 34442	
Title:	MGRM	( ) Delete
Name:	DAVIS, TERRANCE A	
Address:	2143 N. PINECONE ST., APT. #2143	
City-St-Zip:	LECANTO, FL 34461	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: STANLEY GODLEWSKI MR 02/01/2007

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