2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jun 02, 2008 8:00 am
Secretary of State
05-02-2008 90013 019 ***138.75

DOCUMENT # L07000030061

1. Entity Name
ALL-IN DEVELOPMENT GROUP, LLC

Principal Place of Business	Mailing Address
8477 GLENCAIRN TERRACE MIAMI LAKES FL 33016	8477 GLENCAIRN TERRACE MIAMI LAKES FL 33016

1st MOORE CR2E083 (10/07)

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: 20-8668918 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORIYON, MARIA 8477 GLENCAIRN TERRACE MIAMI LAKES FL 33016	Name: DAVID HAASE Street Address (P.O. Box Number is Not Acceptable): 6919 W. BROWARD BLVD., #317 City: PLANTATION FL Zip Code 33317

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: Maria Elena Moriyon / MARIA ElenA MORiyON — DATE: 4-11-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☒ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	GONZALEZ, ROLANDO JR.		NAME	DAVID HAASE	
STREET ADDRESS	14715 BALGOWAN ROAD # 204		STREET ADDRESS	6919 W. BROWARD BLVD., #317	
CITY-ST-ZIP	MIAMI LAKES, FL 33016		CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	MGRM	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	MORIYON, MARIA		NAME		
STREET ADDRESS	8477 GLENCAIRN TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33016		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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: Maria Elena Moriyon — 4-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #