
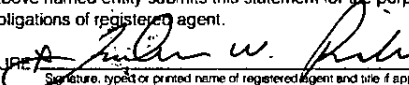



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90096 030 ***138.75

DOCUMENT # L07000087499					
1. Entity Name ALL TRUST ADVISORS GROUP LLC					
Principal Place of Business 1731 COUNTRY CLUB DR. PORT ORANGE, FL 32128			Mailing Address 1731 COUNTRY CLUB DR. PORT ORANGE, FL 32128		
2. Principal Place of Business - No P.O. Box # 1931 Country Club Drive Suite, Apt. #, etc.		3. Mailing Address 1931 Country Club Drive Suite, Apt. #, etc.			
City & State Port Orange, Florida		City & State Port Orange, Florida		4. FEI Number 260819412	
Zip 32128		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RIDER, FREDERIC W 1899 PRIMROSE PATH PORT ORANGE, FL 32128			7. Name and Address of New Registered Agent Name Rider, Frederic W. Street Address (P.O. Box Number is Not Acceptable) 1931 Country Club Drive City Port Orange FL Zip Code 32128		
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: 4-16-08 <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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIDER, FREDERIC W 1899 PRIMROSE PATH PORT ORANGE, FL 32128	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Rider, Frederic W. 1931 Country Club Drive Port Orange, FL 32128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 			Date: 4-16-08 Daytime Phone #: (386) 868-2929		