2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002400

FILED
Jan 14, 2005
Secretary of State

Entity Name: ALLOCATION DEVELOPMENT, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1211 WASHINGTON ST. VICKSBURG, MS 39183	6360 I-55N SUITE 210 JACKSON, MS 39211

Current Mailing Address:	**New Mailing Address:**
P.O. BOX 909 VICKSBURG, MS 391810909	6360 I-55N SUITE 210 JACKSON, MS 39211

FEI Number: 01-0656537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
FRANKLIN H. WATSON, P.A. 5365 EAST COUNTY HIGHWAY 98, SUITE 105 SEAGROVE BEACH, FL 32459 US	

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/MEMBERS:		**ADDITIONS/CHANGES:**	
Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	STRADINGER, JOSEPH B	Name:	
Address:	1333 CHAMBERS STREET	Address:	
City-St-Zip:	VICKSBURG, MS 39180	City-St-Zip:	
Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	STRADINGER, CATHERINE H	Name:	
Address:	1333 CHAMBERS STREET	Address:	
City-St-Zip:	VICKSBURG, MS 39180	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSEPH B. STRADINGER MR. 01/14/2005

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