

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-27-2006 90054 024 ****55.00

DOCUMENT # M05000002463

1. Entity Name

ALLF FAMILY, LLC



Principal Place of Business

8 SALT MARSH DRIVE
ATTN: CECIL E. ALLF
AMELIA ISLAND FL 32034

Mailing Address

8 SALT MARSH DRIVE
ATTN: CECIL E. ALLF
AMELIA ISLAND FL 32034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

AP-PLIED FOR

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

CATES DEAL, MICHELLE E
201 FRONT STREET STE 110
KEY WEST FL 33040

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
ALLF, CECIL E
5710 WOOSTER PIKE, STE 212
CINCINNATI OH 45227 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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:

Cecil E. Allf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-20-06

Date

Daytime Phone #

904-491-

8148

FROM :

FAX NO. : 2950270

Sep. 02 2005 10:00AM P1

ATTACHMENT

30004571
MDS000002463

FAX TRANSMITTAL

FROM:

WILLIAM O. KEMP
(305) 296-2588 PHONE
(305) 295-0270 FAX

DATE: SEPTEMBER 2, 2005

TO: DR. ALLF

ATTN:

FROM: WILLIAM KEMP

REGARDING: TAX ID # FOR ALLF FAMILY LLC

THIS FAX CONSIST OF 1 PAGES INCLUDING COVER SHEET

DR. ALLF THE TAX ID # FOR ALLF FAMILY LLC IS 31-1720687 *

I WILL REVIEW THE INFORMATION YOU SENT REGARDING INTEREST PAID TO
UBS DURING TAX YEAR 2004 AND ADVISE.

ALSO, YOUR NEXT ES PAYMENT IS DUE SEPTEMBER 15, 2005, PLEASE MAKE
COPIES OF YOUR CHECK AND FAX TO ME FOR YOUR 2005 TAX FILE.

THANK YOU

EIN 31-1720687