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Secretary of State
04-17-2006 90058 026 ***150.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000002667

1. Entity Name
ALL FLORIDA RAM JACK, LLC

Principal Place of Business
1616 GULF TO BAY BLVD STE B
CLEARWATER, FL 33755

Mailing Address
1616 GULF TO BAY BLVD STE B
CLEARWATER, FL 33755

20031865

2. Principal Place of Business	3. Mailing Address
12199 44th ST. N.	12199 44th ST. N.
Suite, Apt #, etc SUITE 8	Suite, Apt #, etc SUITE 8
City & State CLEARWATER	City & State CLEARWATER
Zip 33762 Country PINELLAS	Zip 33762 Country PINELLAS

01172006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1260093 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BUCZYNSKI, JOHNNY
1616 GULF TO BAY BLVD STE B
CLEARWATER, FL 33755

7. Name and Address of New Registered Agent
Name JOHNNY BUCZYNSKI
Street Address (P.O. Box Number is Not Acceptable) 12199 44th ST. N.
SUITE 8
City CLEARWATER FL Zip Code 33762

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BUCYNSKI, JOHNNY 1616 GULF TO BAY BLVD STE B CLEARWATER, FL 33755	☒ Delete	MGR BUCZYNSKI, JOHNNY 12199 44th ST. N., SUITE 8 CLEARWATER, FL 33762	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #