


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90038 010 ****50.00

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DOCUMENT # M05000003473 1. Entity Name ALLEN-STEPHENS ENTERPRISES, LLC					
Principal Place of Business 882 S. FAIRWAY DRIVE CRAWFORDSVILLE, IN 47933			Mailing Address 882 S. FAIRWAY DRIVE CRAWFORDSVILLE, IN 47933		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ALLEN, CURTIS E 4169 DULL STREET NORTH PORT, FL 34286				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 20-2932576	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Applied For <input checked="" type="checkbox"/> Not Applicable	
Filing Fee is \$50.00 Due by May 1, 2006				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Make check payable to Florida Department of State				10. ADDITIONS/CHANGES	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHENS, TERRY A 882 S. FAIRWAY DRIVE CRAWFORDSVILLE, IN 47933			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEN, LINDA D 882 S. FAIRWAY DRIVE CRAWFORDSVILLE, IN 47933			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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: <u>Linda D. Allen</u> LINDA D. ALLEN				Date <u>1-8-06</u> Daytime Phone # <u>765-364-9624</u>	