


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M99000001585 1. Entity Name ALL THREE II, L.L.C.	
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Principal Place of Business 141 NORTHWEST 20TH STREET, SUITE G-122 BOCA RATON, FL 33431	Mailing Address 141 NORTHWEST 20TH STREET, SUITE G-122 BOCA RATON, FL 33431
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01092007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0953388	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MARGOLIS, DAVID 141 N.W. 20TH STREET, SUITE G122 BOCA RATON, FL 33431
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

000000675116
04/03/07-80024-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALL THREE, LTD. 141 NORTHWEST 20TH STREET, SUITE G-122 BOCA RATON, FL 33431
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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: *David Margolis* 3-22-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #