



**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000018042</b>				
1. Entity Name <b>ALMON GROUP, LLC</b>				
Principal Place of Business <b>2731 EXECUTIVE PARK DR WESTON, FL 33331</b>		Mailing Address <b>2201 N. COMMERCE PKWY WESTON, FL 33326</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
<b>CORREA, ALVARO E 2201 N. COMMERCE PKWY WESTON, FL 33326</b>		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		<b>FL</b>	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>		
TITLE	<b>MGR</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CORREA, MARIA C</b>	NAME	<b>U00000429388</b>	
STREET ADDRESS	<b>2201 N. COMMERCE PKWY</b>	STREET ADDRESS	<b>02/22/06-80006-009 50.00</b>	
CITY-ST-ZIP	<b>WESTON, FL 33326</b>	CITY-ST-ZIP		
TITLE	<b>MGR</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CORREA, ALVARO E</b>	NAME		
STREET ADDRESS	<b>2201 N. COMMERCE PKWY</b>	STREET ADDRESS		
CITY-ST-ZIP	<b>WESTON, FL 33326</b>	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
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NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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.				
<b>SIGNATURE:</b> 		<b>2-06<sup>th</sup>-2006</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		