


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90009 023 ****50.00

| | |
|---|---|
| DOCUMENT # L04000087216 |  |
| 1. Entity Name ALEECO PROPERTIES, L.L.C. | |

| | |
|---|---|
| Principal Place of Business 2009 LONGWOOD LAKE MARY RD STE. 1015 LONGWOOD, FL 32750 | Mailing Address 2009 LONGWOOD LAKE MARY RD STE. 1015 LONGWOOD, FL 32750 |
|---|---|



| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

04032006 Chg-LLC CR2E083 (11/05)

| | |
|-----------------------------|--|
| 4. FEI Number 27-0110122 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

8. Name and Address of Current Registered Agent

BIRD, ROBERT
 1211 STATE ROAD 436 STE. 111
 CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent

Name **LEE MUNIZZI**
 Street Address (P.O. Box Number is Not Acceptable)
2009 Longwood Lake Mary Rd #1015
 City **LONGWOOD** FL Zip Code **32750**

8. The above named entity admits 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 *Lee Munizzi* **LEE MUNIZZI MGRM** DATE **4-24-06**

Signature, typed or printed name of registrant, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--------------------------------------|
| TITLE | MGRM <input type="checkbox"/> Delete |
| NAME | MUNIZZI, E. LEE |
| STREET ADDRESS | 2009 LONGWOOD LAKE MARY RD STE. 1015 |
| CITY-ST-ZIP | LONGWOOD, FL 32750 |
| TITLE | MGRM <input type="checkbox"/> Delete |
| NAME | DERNOVSKIY, ALEX |
| STREET ADDRESS | 2009 LONGWOOD LAKE MARY RD STE. 1015 |
| CITY-ST-ZIP | LONGWOOD, FL 32750 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

10. ADDITIONS/CHANGES

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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.

SIGNATURE: *Lee Munizzi* **LEE MUNIZZI MGRM** DATE **4-24-06** DAYTIME PHONE # **407-771-4442**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #