

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90010 044 \*\*\*\*50.00

DOCUMENT # L05000026649

1. Entity Name

ALVAREZ ENTERPRISES, LLC



Principal Place of Business

2655 SE CARROLL ST.  
 STUART FL 34992  
 US

Mailing Address

PO BOX 1010  
 PORT SALERNO FL 34992  
 US

2. Principal Place of Business

2470 SE PENNY LN  
 Suite, Apt. #, etc.

3. Mailing Address

2470 SE PENNY LN  
 Suite, Apt. #, etc.

City & State

STUART FL

City & State

STUART FL

4. FEI Number

41-2195881

Applied For

Not Applicable

Zip

34994

Country

USA

Zip

34994

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, VALORIE P  
 2655 SE CARROLL ST.  
 STUART FL 34992

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2470 SE PENNY LN

City STUART

FL

Zip Code 34994

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

*Valorie P. Alvarez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-29-06

DATE

**FILE NOW!!! FEE IS \$50.00.**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE:  Delete  
 NAME: JUAN ALVAREZ  
 STREET ADDRESS: 2470 SE PENNY LN  
 CITY-ST-ZIP: STUART, FL 34994  
 MANAGING member

10. ADDITIONS / CHANGES

TITLE:  Change  Addition

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Valorie Hays Alvarez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

2-1-06

Daytime Phone #

772-781-9270