## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT #L05000115279**



## **FILED** Mar 30, 2006 8:00 am Secretary of State 03-30-2006 90193 016 \*\*\*\*55.00

ASSENDED FOR CONTROL OF THE PROPERTY LAST OF THE PROPERTY OF T	1. Entity Nam ALLEGHI	ENY ASS	SOCIATES, LLC					03-30-2000 90	7195 010	) 33.(	,o	
Suite, Apt. F. etc.	4455 VIA DEL VILLETI			4455 VIA DEL VILLETI			400	40041861				
City & State  Ci	2. Principal Place of Business			3. Mailing Address								
Zip Country	Suite, Apt. #, etc.			Suite, Apt. #, etc.			03132006	Chg-LLC	CR2E0	83 (11/05)		
S. Cartificate of Sixtus Desired   SX   Severance   SX   Severance   SX   Severance   SX   Severance   SX   Severance   SX   SX   SX   SX   SX   SX   SX   S								387200		יא ע'	t Applicable	
Note	Zlp		<u> </u>			try			_ <u></u>	Fee Require	litional d	
City   Section   City	· · · · · · · · · · · · · · · · · · ·	6. Name	and Address of Current I	Registered Agent		Name	7. Name and	1 Address of New R	egistered /	Agent	<del></del>	
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SigNATURE    Signature	4455 VIA DEL VILLETI					Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. Iam familiar with, and accept the obligations of registered agent.    Signature   Signat						City			EI	Zip Cod	e	
SIGNATURE    Pulling Fee is \$50.00	8. The above	named entit	y submits this statement for	the purpose of changing its	registere	ed office or re	egistered agent, or bo	oth, in the State of Flo		familiar with,	and accept	
Filing Foo is \$50.00 Due by May 1, 2006  9. MANAGING MEMBERS / MANAGERS TITLE NAME ROBERTS, SHERRY L STRETI ADDRESS CITY-ST-ZP TITLE STRETI ADDRESS CITY-ST-ZP TITLE NAME STRETI ADDRESS CITY-ST-ZP	_											
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TILLE MGR COBERTS, SHERRY L STREET ADDRESS CITY-ST-ZP  TILLE CIT		Signature, typed	or printed name of registered agent a	Ind title if applicable. (NOTI	E: Registere	d Agent signature	required when reinstating)	<del></del>	DATE			
TITLE NAME OBJECTS, SHERRY L 4455 VIA DEL VILLETI VENICE, FL 34293  TITLE NAME STREET ADDRESS CITY-ST-ZIP											9	
NAME STREET ADDRESS CITY-ST-ZIP VENICE, FL 34293  CITY-ST-ZIP VENICE, FL 34293  CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Addition NAME STREET ADDRESS CITY-ST-ZIP	9. MANAGING MEMBERS/MANAGERS 10.							ADDITIONS/	CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZP	NAME STREET ADDRESS	ROBERTS 4455 VIA	DEL VILLETI	☐ Detete	NAMI Stre	E ET ADDRESS				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE	TITLE	VENICE,	FL 34293	☐ Delete	TITLE		<del></del>			Change	Addition	
TITLE	STREET ACCRESS				STRE	ET ADORESS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS			— 🗔 Delete	NAMI STRE	E ET ADDRESS	_			Change	Addition	
CITY-ST-ZIP	TITLE NAME			☐ Delete	TITLE	E E				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				1	1						
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS			☐ Delete	NAMI STRE	E Et address				☐ Change	Addition	
	name Street address		· · · · · · · · · · · · · · · · · · ·	☐ Delete	NAMI STRE	E Et address				☐ Change	Addition	
The improper compression into intermedian control of the intermedian contro		codify that th	e information supplied	this filling does not gualify for		i_	tained in Charter 110	Florida Statuton 14:	rthor coetic	that the infe	rmation	

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.

941-408-7227 Daytime Phone #