

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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FILED
Jun 06, 2005 8:00 am
Secretary of State

05-23-2005 90376 005 ****50.00

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DOCUMENT # L04000045470 1. Entity Name ALCANIZ CENTRE COMMERCIAL DEVELOPMENT, LLC					
Principal Place of Business 2616 N. 12TH AVENUE PENSACOLA, FL 32503			Mailing Address 2616 N. 12TH AVENUE PENSACOLA, FL 32503		
2. Principal Place of Business		3. Mailing Address 880 N REUS STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 201			
City & State		City & State PENSACOLA FLORIDA		4. FEI Number 20-2788345	
Zip 32501	Country	Zip 32501	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BEGGS & LANE, RLLP 501 COMMENDENCIA STREET PENSACOLA, FL 32502				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MM, President ADRIAN LOVELL 880 N REUS ST SUITE 201 PENSACOLA, FL 32501 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			5/19/05 800-432-8400		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		