

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90082 001 \*\*\*\*50.00

**DOCUMENT # L01000006558**

1. Entity Name  
ALBERT SALEM, JR., ATTORNEY, L.L.C.



Principal Place of Business  
4600 W. KENNEDY BOULEVARD, SUITE 100  
TAMPA, FL 33609

Mailing Address  
4600 W. KENNEDY BOULEVARD, SUITE 100  
TAMPA, FL 33609

**DO NOT WRITE IN THIS SPACE**



04252006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
03-0462975

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SALEM, ALBERT JR  
4600 W. KENNEDY BOULEVARD, SUITE 100  
TAMPA, FL 33609

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IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SALEM, ALBERT JR  
4600 W. KENNEDY BOULEVARD, SUITE 100  
TAMPA, FL 33609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:** *Albert M. Salem*

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

ALBERT M. SALEM

Date

Daytime Phone #

4/27/06 8132863000