

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # B03000000177**

1. Entity Name  
 AL-LH DB, L.P.



Principal Place of Business  
 445 BROAD HOLLOW ROAD, SUITE 239  
 MELVILLE, NY 11747

Mailing Address  
 445 BROAD HOLLOW ROAD, SUITE 239  
 MELVILLE, NY 11747



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005 Chg-LP CR2E003 (10/03)

4. FEI Number

33-1057341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS INC.  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

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

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

DATE

9. Capital Contributions  
 as Shown on record.

**\$150.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # M03000001654  
 NAME AL-LH SUB, L.L.C.  
 STREET ADDRESS 445 BROAD HOLLOW ROAD, SUITE 239  
 CITY-ST-ZIP MELVILLE, NY 11747

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

UN00000229852

02/15/05-80016-003 150.00

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

*David V. DeAngelis*

David V. DeAngelis

1/5/05

631-587-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE