2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State
01-10-2006 90042 010 ****50.00

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1. Entity Name
ALLCEES, LLC

40000702

Principal Place of Business	Mailing Address
1439 SEA FAN DRIVE PUNTA GORDA, FL 33950	1439 SEA FAN DRIVE PUNTA GORDA, FL 33950

01052006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1047522 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CONTE, LEONARD P
1439 SEA FAN DRIVE
PUNTA GORDA, FL 33950

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CONTE, LEONARD P 1439 SEA FAN DR. PUNTA GORDA, FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CONTE, ESTHER G 1439 SEA FAN DR. PUNTA GORDA, FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CONTE, ROBERT C 130 AUGUSTA DR. LINCROFT, NJ 07738	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CONTE, ANTHONY W 725 PARKRIDGE DRIVE CLAYTON, NC 27520	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CONTE, WILLIAM R ~~905 HILLVIEW AVE~~ ~~EASTON, PA 18042~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CONTE, WILLIAM R. 3110 ESCOBAR LN NORTH PORT, FL-34286-5110	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

LEONARD P. CONTE

SIGNATURE: Leonard P. Conte 1.5.2006 (941)639-6249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #