

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90035 004 ****50.00

DOCUMENT # L00000015258
 1. Entity Name
 ALLEM & ASSOCIATES INTERNATIONAL, LLC



Principal Place of Business
 112 BELLEZZA TERRACE
 ROYAL PALM BEACH FL 33411
 US

Mailing Address
 112 BELLEZZA TERRACE
 ROYAL PALM BEACH FL 33411
 US



2. Principal Place of Business
 Suite, Apt. #, etc.
8039 NEVIS PLACE

3. Mailing Address
 Suite, Apt. #, etc.
8039, NEVIS PLACE

2nd MOORE CR2E083 (5/05)

City & State
WELLINGTON, FL

City & State
WELLINGTON, FL

4. FEI Number
65-1079736

Applied For
 Not Applicable

Zip
33414

Country
PALM BEACH

Zip
33414

Country
PALM BEACH

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BUCKNAM, WILLIAM E
 P.O. BOX 901
 DEERFIELD BEACH FL 33443

7. Name and Address of New Registered Agent
 Name **WILLIAM E. BUCKNAM**
 Street Address (P.O. Box Number is Not Acceptable)
8039, NEVIS PLACE
WELLINGTON
 City **FL** Zip Code **33414**

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: *William E. Bucknam* DATE: **7-27-05**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR NAME CHRISTODOULOU, MERLE STREET ADDRESS 112 BELLEZZA TERRACE CITY-ST-ZIP ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete
TITLE MGRM NAME ALLEM, LARA-ANNE STREET ADDRESS 112 BELLEZZA TERRACE CITY-ST-ZIP ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR MERLE ALLEM-BUCKNAM 8039 NEVIS PLACE WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM LARA-ANNE ALLEM-ROMANELLO 8039 NEVIS PLACE WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Merle Allem-Bucknam* 7/27/05
 SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date (952) 304 0554