

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015258

FILED  
Jan 30, 2006  
Secretary of State

**Entity Name:** ALLEM & ASSOCIATES INTERNATIONAL, LLC

**Current Principal Place of Business:**

8039 NEVIS PLACE  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

8039 NEVIS PLACE  
WELLINGTON, FL 33414 US

**New Mailing Address:**

**FEI Number:** 65-1079736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUCKNAM, WILLIAM E  
8039 NEVIS PLACE  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CHRISTODOULOU, MERLE  
Address: 8039 NEVIS PLACE  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM ( ) Delete  
Name: ALLEM-ROMANELLO, LARA-ANNE  
Address: 8039 NEVIS PLACE  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ALLEM-BUCKNAM, MERLE M  
Address: 8039 NEVIS PLACE  
City-St-Zip: WELLINGTON, FL 33414

Title: MGR (X) Change ( ) Addition  
Name: ALLEM-ROMANELLO, LARA-ANNE  
Address: 8039 NEVIS PLACE  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 M. ALLEM-BUCKNAM

MGR

01/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date