

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000412

FILED
Jan 05, 2005
Secretary of State

Entity Name: ALICO WEST, L.L.C.

Current Principal Place of Business:

15465 PINE RIDGE ROAD
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

15465 PINE RIDGE ROAD
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 65-1076808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSOER, GEORGE L JR.
1625 HENDRY STREET
SUITE 301
FORT MYERS, FL 33901 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/MEMBERS:

Title: MGRM () Delete
Name: YOUNGQUIST, TIMOTHY G
Address: 15465 PINE RIDGE ROAD
City-St-Zip: FORT MYERS, FL 33908 US

Title: MGRM () Delete
Name: YOUNGQUIST, HARVEY B
Address: 15465 PINE RIDGE ROAD
City-St-Zip: FORT MYERS, FL 33908 US

Title: MGRM () Delete
Name: ALICO WEST, INC.,
Address: 15465 PINE RIDGE ROAD
City-St-Zip: FORT MYERS, FL 33908 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY YOUNGQUIST

MGR

01/05/2005

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