2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90082 001 ****50.00

DOCUMENT # L01000006558

1. Entity Name
ALBERT SALEM, JR., ATTORNEY, L.L.C.

Principal Place of Business	Mailing Address
4600 W. KENNEDY BOULEVARD, SUITE 100 TAMPA, FL 33609	4600 W. KENNEDY BOULEVARD, SUITE 100 TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

04252006No Chg-LLC CR2E083 (11/05)

4. FEI Number
03-0462975
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SALEM, ALBERT JR
4600 W. KENNEDY BOULEVARD, SUITE 100
TAMPA, FL 33609

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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. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SALEM, ALBERT JR
STREET ADDRESS	4600 W. KENNEDY BOULEVARD, SUITE 100
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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.

SIGNATURE: Albert M Salem Jr ALBERT M. SALEM 4/27/06 8132863000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #