


**2004 LIMITED LIABILITY COMPANY  
AMENDED ANNUAL REPORT**

FILED

04 MAY 18 AM 10:33


SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJD

<b>DOCUMENT # L01000015957</b>	
1. Entity Name A. L. CONSTRUCTION ENTERPRISES, L.L.C.	

Principal Place of Business 2717 RED LION SQUARE WINTER PARK, FL 32792	Mailing Address 1517 E HILLCREST ST ORLANDO, FL 32803
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2. Principal Place of Business <b>8019 PLUNKETT AVE</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>ORLANDO, FL</b>	City & State
Zip <b>32810</b>	Country <b>USA</b>

	
03262004 Chg-LLC	CR2E083 (10/03) <b>518</b>
4. FEI Number <b>59-3745701</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMALLEY, WAYNE 1517 E HILLCREST ST ORLANDO, FL 32803		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Amended AR is \$50.00</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LATIFF, ABDOL R 8019 PLUNKETT AVE ORLANDO, FL 32810 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:**  **ABDOL LATIFF** **03/26/04** **407 310-6269**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #