

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001007

Entity Name: ALSAR HOLDINGS LLC

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

17051 EMILE ST
#5
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

PO BOX 811802
BOCA RATON, FL 334811802

New Mailing Address:

FEI Number: 90-0003724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHKENAZI, SARANA
17051 EMILE ST
#5
BOCA RATON, FL 33487 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: MGRM () Delete
Name: ASHKENAZI, SARANA
Address: 17051 EMILE ST. #5
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM () Delete
Name: ASHKENAZI, ALBERT
Address: 18051 EMILE ST #5
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: ASHKENAZI, KEINAN
Address: 6102 JOUST LANE
City-St-Zip: ALEXANDRIA, VA 22315

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ASHKENAZI, ALBERT
Address: 17051 EMILE ST #5
City-St-Zip: BOCA RATON, FL 33487

Title: MGR (X) Change () Addition
Name: ASHKENAZI, KEINAN
Address: 704 W. TIMBER BRANCH PKWY.
City-St-Zip: ALEXANDRIA, VA 22302

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: SARANA ASHKENAZI

MM

04/20/2006

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