

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000012838

1. Entity Name
ALCOMA CARETAKING L.L.C.



Principal Place of Business
68 MAMMOTH GROVE ROAD
LAKE WALES, FL 33859

Mailing Address
P.O. BOX 231
LAKE WALES, FL 33859-0231



01102007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0452443	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

UPDIKE, LAWRENCE C
68 MAMMOTH GROVE ROAD
LAKE WALES, FL 33859

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALCOMA PROPERTIES, LTD.
STREET ADDRESS	68 MAMMOTH GROVE RD
CITY-ST-ZIP	LAKE WALES, FL 338987330

TITLE	
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CITY-ST-ZIP	

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01/16/07-80042-022 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

JOHN C. UPDIKE, JR.

01/10/07

(863) 696-1487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone