2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000014846

f. Entity Name

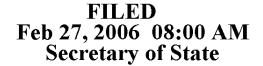
Principal Place of Business

ALICO LAKES COMMONS, LLC



Mailing Address

7910 SUMMERLIN LAKES DRIVE 7910 SUMMERLIN LAKES DRIVE FORT MYERS, FL 33907 FORT MYERS, FL 33907





DO NOT WRITE IN THIS SPACE

02142006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 41-2049376

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRYE, MICHAEL J 7910 SUMMERLIN LAKES DR PALM BAY, FL 32907

DO NOT WRITE IN THIS SPACE

PALM BAY	Y, FL 32907	}	IN THIS SPACE		
6. The above the obligat	named entity submits this statement for the purpose of charlens of registered agent.	anging its registered	office or registered agent, or both, in the State of Florida. I am familiar	vith, and accept	
SIGNATURE.	Signature, typest or printed name of registered agent and title it applicable	(NOTE, Registered /	Igent signature required when remotating) OATE		
F	iling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRYE, MICHAEL J 7910 SUMMERLIN LAKES DR FORT MYERS, FL 33907	;· · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1100000447 24 6 63768706 800 48 -008 3	U.00	
TITLE NAME STREET ADDRESS CITY-ST-ZP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

11. I hereby certily that the information supplied with the filling 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 of trasted among where the execute this report as required by Chapter 508, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS

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

2-22-06

154484-04

Daytime Phone if