


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000030675		
1. Entity Name ALVANI PARTNERS, LLC		

Principal Place of Business 819 MCGUIRE AVE TALLAHASSEE, FL 32303	Mailing Address 819 MCGUIRE AVE TALLAHASSEE, FL 32303
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2. Principal Place of Business TALL	3. Mailing Address 819 MCGUIRE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State TALLAHASSEE
Zip 32303	Country USA

FILED  
05 MAR -3 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03032005 Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0495028	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 PATEL, J.C. 819 MCGUIRE AVE TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name PATEL J.C. Street Address (P.O. Box Number is Not Acceptable) 819 MCGUIRE AVE City TALLAHASSEE FL Zip Code 32303
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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] (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, J.C. 819 MCGUIRE AVE TALLAHASSEE, FL 32303 <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: [Signature] 3.3. 2005 386 7352  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #