


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90035 001 *****50.00
03-08-2005 90035 002 *****5.00

DOCUMENT # L03000010214	
1. Entity Name ALEMAR HOLDINGS, LLC	

Principal Place of Business 1835 MAIN STREET, SUITE 101 WESTON FL 33326	Mailing Address 1835 MAIN STREET, SUITE 101 WESTON FL 33326
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2. Principal Place of Business 1820 N. Corporate Lakes Blvd. Suite 207	3. Mailing Address 1820 N. Corporate Lakes Blvd. Suite 207
City & State Weston Florida	City & State Weston FL
Zip 33326	Country USA



1st MOORE CR2E083 (10/04)

4. FEI Number 20-0742484	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FREDDY JOSE MOTA 1835 MAIN STREET, SUITE 101 WESTON FL 33326	
7. Name and Address of New Registered Agent Name ISABEL MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 1820 N. Corporate Lakes Blvd. Suite 207 City WESTON FL Zip Code 33326	

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.

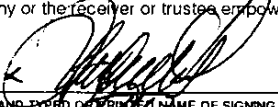
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE **3/3/05**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOTO, FREDDY JOSE 1835 MAIN STREET STE 101 WESTON FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORAIMA PULGAR 1820 N. Corporate Lakes Blvd. # 207 Weston, FL, 33326 <input type="checkbox"/> Change <input checked="" 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
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:  DATE **3/3/05** (954) 6593321

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