2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)							1	FILED Feb 06, 2006 08:00 AM				
DOCUMENT # L03000016028  1. Entity Name  ALJEN 36, LLC								Secretary of State				
Principal Place of Business				Mailing Address	1							
3857 W 16 AVE HIALEAH FL 33012				3857 W 16 AVE HALEAH FL 33012	:							
2. Principal Place of Business				3. Mailing Address				· \$##(5#)( #26 ##5## 5777) ##6(	- Marie Angles Angles (16 Marie 16 Mari	#1925 ##14# TERRE \$250	E 0	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				1st MOORE	CR2E083	(10/05)		
City & State				City & State		<del></del>	4. FEI Number NO-T APPLICABLE Applied For Not Applicat:					
Zip Cauntry				Zip	Countr	у	5. Certific	ate of Status Desir		\$5.00 Addi	itional	
	6. Name and Address of Current Re		urrent Reg	istered Agent			7. Name t	Fee Required  7. Name and Address of New Registered Agent				
CAYON, MAURICE 3857 W 16 AVE HIALEAH FL 33012				 -		Name			***	<del></del>		
			•			Street Addr	ess (P.O. Bax Nu	mber is Not Accep	table)			
ראוו		3012										
A 75.		1 1 1				City			FL	Zip Code		
the above	a named entity tions of registe	submits this state red agent.	ment for the	purpose of changing its	registered '	Coffice or reg	gistered agent, or	both, in the State	of Florida. I am	familiar with, a	and accep	
SIGNATURE	Socialiste broad o	r printed name of register	th hou more has	a if applicables //UTITE	Promotorog	åraat elouah va ra	quired when roinstating		DATE		-	
				Make Check Payabl	e to Floi	EE IS \$50. rida Depart r 1, 2006						
9.		MANAGING I	MEMBERS/	MANAGERS	10.		20 00 MP-80 75	ADDITIO	NS/CHANGES			
NAME STREET ADDRESS CAY-ST-ZIP	MGR CAYON, MAURICE 3857 W 16 AVE HIALEAH FL 33012			□ Oelete	TITLE NAME STREET CITY-S	ADDITESS IT-ZIP		U0000 02/17/06	0423089 -80042-01	□ Change 8 55.00	□ Adesic	
HE HME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET C/TY-S	ADDRESS I- ZIP				☐ Change	Addition	
TITLE NAME SIBLET ADDRESS CITY-SI-ZIP				□ Delete	NAME STREET CITY-S	ACIORESS (7- ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME SIREET CITY-S	ADDRESS 3-129			, <u>-</u>	Change	Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP			-11 ·	☐ Delete	HILE NAME STREET	ADDRESS T-ZIP			,	☐ Change	☐ Additio	
HTLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	IITE NAME	ADDRESS				Change	☐ Addition	
11. I hereby indicated limited lia	certily that the f on this report ability company	information supp is true and accur y or the receiver	died with this rate and tha ministre el	s filing does not qualify for t my signature shall have appowered to execute this	or the exe the same report as	motions cont e legal effect required by	tamed in Section as if made unde Chapler 608, Flor	119, Florida Statut ir oath, that I am a ida Statutes	es. I further cer managing mer	lify that the in noer or mana	formation ger of the	

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