## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000024198



## FILED Apr 25, 2005 8:00 am Secretary of State 04-25-2005 90094 038 \*\*\*\*50.00

D'ALESS	ANDRO PARTNERS, LLC										
Principal Plac 4516 LONGE FORT MYERS	e of Business BOAT LANE 5, FL 33919	Mailing Address 4516 LONGBOAT LANE FORT MYERS, FL 33919			20045063						
2. Principal P	Place of Business	3. Mailing Address									
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			04040005						
City & Cont		City & State				04212005	Chg-LLC	CH2E	)83 (10/03)	-1	
City & Stat	e					4. FEI Number 54-0174	401		<del></del>	plied For t Applicable	
Zlp	Country	Zip Count		itry		5. Certificate of Status Desired   \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent					<del></del>	7. Name and A	ddress of New R	egistered .	Agent		
	NDRO, FRANK R GBOAT LANE	Street Addre			idress (f	P.O. Box Number	is Not Acceptable	·)			
	ERS, FL 33919	14220 Ro			Roya	is (P.O. Box Number is Not Acceptable) yal Harbour Court					
	•			#510				<b>₹</b> 7in Code			
8 The phone	named antity or throlle this statement for	the surpose of changing its	roglotor	<u>                                     </u>	ort M	lyers	in the State of Ele	FL	<u> </u>		
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		and this if applicable. (NOT	E: Registers	d Acent stanstu	re required	when reinstating)	age of the control of	DATE		· · · · ·	
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11. I hereby certify that the Information supplied with this filling 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: 760000 4/25/05 239-455-6010											
JIGIVAI	SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayons HIGHS F										
FRANK OFLESSANDE											