



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90213 010 ****50.00

DOCUMENT # L03000024198 1. Entity Name D'ALESSANDRO PARTNERS, LLC					
Principal Place of Business 4516 LONGBOAT LANE FORT MYERS, FL 33919				Mailing Address 4516 LONGBOAT LANE FORT MYERS, FL 33919	
2. Principal Place of Business - No P.O. Box # 14220 Royal Harbour Ct		3. Mailing Address 14220 Royal Harbour Ct			
Suite, Apt. #, etc. 510		Suite, Apt. #, etc. 510			
City & State Fort Myers, Florida		City & State Fort Myers, Florida			
Zip 33908	Country US	Zip 33908	Country US		
4. FEI Number 54-0174401				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent D'ALESSANDRO, FRANK R 14220 ROYAL HARBOUR COURT #510 FORT MYERS, FL 33908				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14220 Royal Harbour Ct #510 City Fort Myers FL Zip Code 33908	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM D'ALESSANDRO, FRANK 14220 ROYAL HARBOUR COURT, #510 FORT MYERS, FL 33908	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
Frank D'Alessandro, Manager SIGNATURE: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<div style="display: flex; justify-content: space-between;"> 3/1/07 239-425-8469 </div> <div style="display: flex; justify-content: space-between;"> <small>Date</small> <small>Daytime Phone #</small> </div>					