


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

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**Jun 09, 2006 8:00 am
Secretary of State**

05-02-2006 90027 021 ****50.00

DOCUMENT # L03000025279 1. Entity Name ALC MANAGEMENT, LLC	
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Principal Place of Business 4065 MONTALVO DRIVE PENSACOLA, FL 32504	Mailing Address 4065 MONTALVO DRIVE PENSACOLA, FL 32504
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DO NOT WRITE IN THIS SPACE

30004949

04042006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 24-9724731	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
**HINES, JAMES P
315 S. HYDE PARK AVENUE
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARTEA, ALICE <i>CARTEE</i> 4065 MONTALVO DRIVE PENSACOLA, FL 32504
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Alice Carter* **6/5/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #