

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 13, 2006  
Secretary of State**

DOCUMENT# L03000029896

Entity Name: ALBAR, L.L.C.

**Current Principal Place of Business:**

3419 PLACID VIEW DR.  
LAKE PLACID, FL 338525037

**New Principal Place of Business:**

**Current Mailing Address:**

3419 PLACID VIEW DR.  
LAKE PLACID, FL 338525037

**New Mailing Address:**

FEI Number: 20-0354866      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARGOLIS, JOHN A  
STE. 330, 9990 S.W. 77TH AVE.  
MIAMI, FL 331562699 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BARRETT, JOHN R  
Address: 195 RIVERBEND DR.  
City-St-Zip: CHARLOTTESVILLE, VA 20911

Title: MGRM ( ) Delete  
Name: BARRETT, LOUISE  
Address: 195 RIVERBEND DR.  
City-St-Zip: CHARLOTTESVILLE, VA 20911

Title: MGRM ( ) Delete  
Name: ALLEN, RICHARD  
Address: 3419 PLACID VIEW DR.  
City-St-Zip: LAKE PLACID, FL 33852

Title: MGRM ( ) Delete  
Name: ALLEN, PATRICIA  
Address: 3419 PLACID VIEW DR.  
City-St-Zip: LAKE PLACID, FL 33852

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LOUISE BARRETT

MGRM

01/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date