2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000050585

1. Entity Name
THE ALBREN GROUP, LLC

Principal Place of Business	Mailing Address
744 THE RIALTO VENICE, FL 34285	744 THE RIALTO VENICE, FL 34285

DO NOT WRITE IN THIS SPACE

04142005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number 20-0484027	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, JORGE
744 THE RIALTO
VENICE, FL 34285

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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_____   DATE
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)

04/25/05-80133-008 50.00

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	VALDES, JORGE
STREET ADDRESS	744 THE RIALTO
CITY-ST-ZIP	VENICE, FL 34285
TITLE	MGR
NAME	KILLAM, SCOTT
STREET ADDRESS	744 THE RIALTO
CITY-ST-ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing 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: _____   4/20/05   941-376-5502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #