
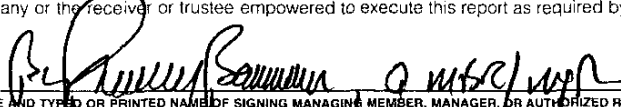


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90016 020 \*\*\*\*50.00

<b>DOCUMENT # L03000051771</b> 1. Entity Name <b>ALLTECH GROUP PARCEL II, LLC</b>					
Principal Place of Business <b>480 SOUTH CYPRESS ROAD POMPANO BEACH FL 33060</b>			Mailing Address <b>480 SOUTH CYPRESS ROAD POMPANO BEACH FL 33060</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>2610 Palm Aire Dr. North</b> Suite, Apt. #, etc.			
City & State		City & State <b>Pompano Beach, FL</b>			
Zip <b>33069</b>	Country <b>USA</b>	4. FEI Number <b>90-0128593</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>USMAN, GHULAM 480 SOUTH CYPRESS ROAD POMPANO BEACH FL 33060</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR USMAN, GHULAM 480 SOUTH CYPRESS ROAD POMPANO BEACH FL 33060</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR DIGIORGIO, THOMAS H JR. 24 NE 24TH AVE. POMPANO BEACH FL 33062</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BAMMAN, FRED C III 2189 SE 9TH STREET POMPANO BEACH FL 33062</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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 Section 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.					
<b>SIGNATURE:</b>  <b>5-4-06</b> <b>954 977 8923</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					