


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90205 006 ****50.00

DOCUMENT # L03000054731	
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1. Entity Name
ALP, L.L.C.

Principal Place of Business
1131 BANYON ROAD
BOCA RATON, FL 33432

Mailing Address
1131 BANYON ROAD
BOCA RATON, FL 33432

24001945

2. Principal Place of Business 1131 BANYAN ROAD		3. Mailing Address 1131 BANYAN ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FLA		City & State BOCA RATON, FLA	
Zip 33432	Country USA	Zip 33432	Country USA



01052004 Chg-LLC CR2E083 (10/03)

4. FEI Number 77-0615074	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

BETTS, CYNTHIA
1131 BANYON ROAD
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name: Betts Cynthia
Street Address (P.O. Box Number is Not Acceptable): 1131 BANYAN ROAD
City: Boca Raton FL Zip Code: 33432

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: *C Betts* DATE: _____

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

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BETTS, CYNTHIA 1131 BANYAN ROAD BOCA RATON, FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERKINS, ASBURY 1131 BANYAN ROAD BOCA RATON FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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
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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 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 606, Florida Statutes.

SIGNATURE: *C Betts* Cynthia Betts Date: 5/13/04 Daytime Phone #: 561 376 4813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE