## 2006 LIMITED LIABILITY COMPANY

## **FILED ANNUAL REPORT** Feb 03, 2006 08:00 AM Secretary of State DOCUMENT # L04000011180 1. Entity Name ALAIMO CONSULTING GROUP LLC Principal Place of Business Mailing Address 63 FOUNTAIN CIR 6017 PINE RIDGE ROAD NAPLES, FL 34119 #118 NAPLES, FL 34119 01252006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0711956 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALAIMO, CHARLES E DO NOT WRITE 63 FOUNTAIN CIR NAPLES, FL 34119 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. 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, 2006 H00000420447 62/15/06 80054 621 56.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE ALAIMO, CHARLES E NAME STREET ADDRESS 63 FOUNTAIN CIR CITY-ST-ZIP NAPLES, FL 34119 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNAL MARKAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

2-1-2006 2392739102