


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L04000016505</b><br>1. Entity Name<br>ALF LAKEWOOD INVESTORS, LLC |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br>46 N. WASHINGTON BLVD., #1<br>SARASOTA, FL 34236 | Mailing Address<br>1858 RINGLING BLVD.<br>SARASOTA, FL 34236 |
|---|--|

**DO NOT WRITE IN THIS SPACE**



03312006 No Chg-LLC

CR2E083 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-0848697 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                   |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |
|---|-----------------------------------|

6. Name and Address of Current Registered Agent  
  
LPS CORPORATE SERVICES, INC.  
46 N. WASHINGTON BLVD., #1  
SARASOTA, FL 34236

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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<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE |
|--|--|------|

**Filing Fee Is \$50.00  
Due by May 1, 2006**

1100000499884  
04/24/06-80048-005 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BARBERIO, ALLAN J<br>P.O. BOX 49348<br>SARASOTA, FL 342306348 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE**

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 60B, Florida Statutes.

|   |  |                                |
|---|--|--------------------------------|
| <b>SIGNATURE:</b>        |  4/6/06 | 9443654617                     |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small>  | <small>Daytime Phone #</small> |