## 2007 LIMITED LIABILITY COMPANY ---ANNUAL REPORT

DOCUMENT # L04000016505

1. Entity Name ALF LAKEWOOD INVESTORS, LLC



**FILED** Apr 11, 2007 08:00 A Secretary of State

Principal Place of Business

46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236

Mailing Address

1858 RINGLING BLVD. SARASOTA, FL 34236



04052007No Chg-LLC

CR2E083 (11/05)

20-084	6. Name and Address of Current Registered Agent	CLAPAN ATT	
DO NOT WRITE IN THIS SPACE  4. FEI Numb 20-084			5. Certificate of
DONOT WRITE INTHIS SPACE A FEI Number			20-0848
	DOWN OF WALLERING THE TOTAL TO THE	AUE CARRE	4. FEI Number
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DOMOTAMOITE INSTRUCCO		

20-0848697 5. Certificate of Status Desired

Not Applicable \$5.00 Additional

Applied For

LPS CORPORATE SERVICES, INC. 46 N. WASHINGTON BLVD., #1

DO NOT WRITE SARASOTA, FL 34236 IN THIS SPACE

u.	The above findings entity apprings this statement for the perpose of changing its registered onice of registered agent, or court, in this otate of clouds.	t attributional with, and accopt
	the obligations of registered agent.	
	the obligations of registered agent.	

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent algosture required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

U00000700621

9. MANAGING MEMBERS/MANA	GERS TO THE
TITLE MGR	
NAME BARBERIO, ALLAN J	
STREET ADDRESS P.O. BOX 49348	
CITY-ST-ZIP SARASOTA, FL 342306348	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	EXECUTION OF WRITE CONTRACTOR
TITLE	PONOT WRITE.
NAME	BATE TAKE IN ILITIO SPACE (A 1947 ) A 1947 (A 1947 ) A 19
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME STREET ADDRESS -	
CITY-ST-ZIP	
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.

141**3**654617

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

Daytime Phone #