2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000018496

1. Entity Name
THE ALESCO GROUP, L.L.C.



FILED
May 01, 2006 08:00 Al
Secretary of State

Principal Place of Business

Mailing Address

4575 VIA ROYALE

SUITE 201 FORT MYERS, FL 33919 US 4575 VIA ROYALE

SUITE 201

FORT MYERS, FL 33919 US



05082006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 58-2442416 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SKLORENKO, MICHAEL J 4575 VIA ROYALE SUITE 201 FORT MYERS, FL 33919

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	named entity submits this statement for the purpose of cha- tions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and acce
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fil Due I	ling Fee is \$50.00 by September 6, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKLO MANAGEMENT GROUP, INC. 2521 S.E. 19TH PLACE CAPE CORAL, FL 33904		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000550641 05/13/06-80066-022 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

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:

NAME STREET ADDRESS

5.8.04

239-275-500

£

Daytime Phone #