

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024817

Entity Name: A.L. SQUARED L.L.C.

FILED  
May 18, 2006  
Secretary of State

## Current Principal Place of Business:

724 CORAL BAY  
PONTE VEDRA BEACH, FL 32082

## New Principal Place of Business:

7160 TARPON CT  
GREEN COVE SPRINGS, FL 32043

## Current Mailing Address:

724 CORAL BAY  
PONTE VEDRA BEACH, FL 32082

## New Mailing Address:

7160 TARPON CT  
GREEN COVE SPRINGS, FL 32043

FEI Number: 20-0799186      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

LARKIN, ALEJANDRO  
724 CORAL BAY  
PONTE VEDRA BEACH, FL 32082      US

## Name and Address of New Registered Agent:

LARKIN, ALEJANDRO  
7160 TARPON COURT  
GREEN COVE SPRINGS, FL 32043      US

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.

SIGNATURE:

05/18/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: LARKIN, ALEJANDRO  
Address: 724 CORAL BAY  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: LARKIN, ALEJANDRO  
Address: 7160 TARPON COURT  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALEJANDRO LARKIN

MR.

05/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date