


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90202 014 \*\*\*\*50.00

20024901

DOCUMENT # **202.LLC A/R**  
1. Entity Name  
**ALBIN Investments, LLC**  
**LD4000047544**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1209 LIGURIAN ROAD**  
Suite, Apt. #, etc.

3. Mailing Address  
**1209 LIGURIAN ROAD**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**PALM BCH GDNS, FL**

City & State  
**PALM BCH GDNS FL**

4. FEI Number  
**04-1657410**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

Zip  
**33410-2130** Country  
**USA**

Zip  
**33410-2130** Country  
**USA**

7. Name and Address of Current Registered Agent

Name  
**H.C. ALBIN**

Street Address (P.O. Box Number is Not Acceptable)  
**1209 LIGURIAN ROAD**

City  
**PALM BEACH GDNS, FL** Zip Code  
**33410**

**DO NOT WRITE  
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 **HAROLD C. ALBIN, JR** **17 MARCH 2005**  
*H.C. Albin* DATE

FEE IS \$50.00  
Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT-MGR. H.C. ALBIN 1209 LIGURIAN RD. PALM BCH GDNS, FL 33410</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 808, Florida Statutes.

SIGNATURE: **HAROLD C. ALBIN, JR** **17 MAR 2005** (561)  
*H.C. Albin* Date Daytime Phone # **694-6545**

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

CR2E083B (12/02)