## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **FILED** Jan 12, 2006 08:00 AM Secretary of State

DOCUMENT	#[	-0400	0047	7544
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1. Entity Name

ALBIN INVESTMENTS, LLC



Principal Place of Business

Mailing Address

1209 LIGURIAN ROAD

1209 LIGURIAN ROAD

PALM BEACH GARDENS, FL 33410-2130

PALM BEACH GARDENS, FL 33410-2130



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 84-1657410 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

ALBIN, H C JR. 1209 LIGURIAN ROAD PALM BEACH GARDENS, FL 33410

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the obligat	named entity submits this statement for the purposa of chairs of egistered agent.  Australia	udrud ite redierered onlice or v	registered agent, or both, in	one state of Florida. I am lamillar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature	e réquired when reinstating)	DATE
· D	iling Fee is \$50.00 ue by May 1, 2006	S S S S S S S S S S S S S S S S S S S	* <u></u>	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP ALBIN, H.C. JR. 1209 LIGURIAN ROAD PALM BEACH GARDENS, FL. 33410		<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ö	U00000385101 1/18/06-80003-006 50.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE		=		

11. I hereby certify that the information supplied with this filling 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 eath; that 1 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:

STREET ADDRESS CHY-ST-ZIP