2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051833

Entity Name: ALON LLC

Current Principal Place of Business:

3883 CRESTWOOD CIR
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

3883 CRESTWOOD CIR
WESTON, FL 33331

New Mailing Address:

FEI Number: 20-1365831   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

AMIR, ESHEL
3883 CRESTWOOD CIR
WESTON, FL 33331   US

Name and Address of New Registered Agent:

AMIR, ESHEL MGRM
3883 CRESTWOOD CIR
WESTON, FL 33331   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: AMIR ESHEL   04/15/2005

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS:

		ADDITIONS/CHANGES:	
Title:	MGR ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	ESHEL, AMIR	Name:	ESHEL, AMIR
Address:	3883 CRESTWOOD CIR	Address:	3883 CRESTWOOD CIR
City-St-Zip:	WESTON, FL 33331	City-St-Zip:	WESTON, FL 33331
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	ESHEL, AMOS	Name:	
Address:	3883 CRESTWOOD CIR	Address:	
City-St-Zip:	WESTON, FL 33331	City-St-Zip:	
Title:	( ) Delete	Title:	MGRM ( ) Change (X) Addition
Name:		Name:	EDENBURG, DIANA E
Address:		Address:	3883 CRESTWOOD CIR
City-St-Zip:		City-St-Zip:	WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMIR ESHEL   MGRM   04/15/2005

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