


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90128 026 ***138.75

DOCUMENT # L04000052104

1. Entity Name
ALANA S CURTICE, LLC



Principal Place of Business Mailing Address

1600 S FEDERAL HWY
 STE 202
 POMPANO BEACH FL 33062
 US

2048 SE 17TH CT
 POMPANO BEACH FL 33062
 US



2. Principal Place of Business - No P.O. Box #
4020 Sun City Center Blvd.

3. Mailing Address
2351 S. Ponte Vedra Blvd

Suite, Apt. #, etc. Suite, Apt. #, etc.

11 **11**

1st MOORE CR2E083 (10/07)

City & State City & State

Sun City, FL **Ponte Vedra Beach, FL**

4. FEI Number Applied For

20-1364850 Not Applicable

Zip Country Zip Country

33573 **Hillsborough** **32082** **St. Johns**

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

6. Name and Address of Current Registered Agent

CURTICE, ALANA S
2048 SE 17TH CT
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when renouncing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$338.75
Make Check Payable to Florida Department of State

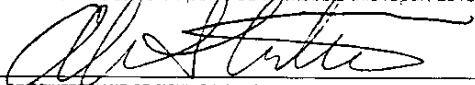
9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	CURTICE, ALANA S	2048 SE 17TH CT	POMPANO BEACH FL 33062	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Payable Price \$ _____