


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90011 033 ****50.00

DOCUMENT # L04000062322	
1. Entity Name ALC-WEST PALM BEACH, LLC	

Principal Place of Business 525 S FLAGLER DRIVE 101 WEST PALM BEACH, FL 33401 US	Mailing Address 24555 HALLWOOD COURT FARMINGTON HILLS, MI 48335 US
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2. Principal Place of Business 525 S. Flagler Dr.	3. Mailing Address
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc.
City & State West Palm Beach, FL	City & State
Zip 33401	Country USA

	
04172006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-1526077	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HENSLEY, JULIA 200 GLADES ROAD 1A BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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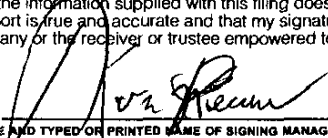
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIECUCH, KEVIN 24555 HALLWOOD COURT FARMINGTON HILLS, MI 48335 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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 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: 	Date 4/19/06	Daytime Phone # 248-426-6250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		