


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000080449**

1. Entity Name  
**AL-JESS, L.L.C.**



Principal Place of Business <b>8181 NW 36 STREET #27B MIAMI, FL 33166</b>	Mailing Address <b>8181 NW 36 STREET #27B MIAMI, FL 33166</b>
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**DO NOT WRITE IN THIS SPACE**



03232006No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>74-3135454</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BECK, HARLAN D  
8181 NW 36 STREET  
#27B  
MIAMI, FL 33166**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)


**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BECK, HARLAN D 8181 NW 36 STREET, #27 B MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIETERSZ-BECK, ANNA M 8181 NW 36 STREET, #27 B MIAMI, FL 33166
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34711706-80070-002 50.00

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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:**  **Anna P. Beckmann** 3/27/06 471-776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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