
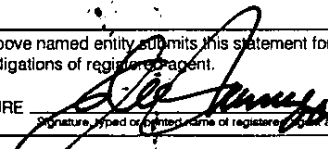
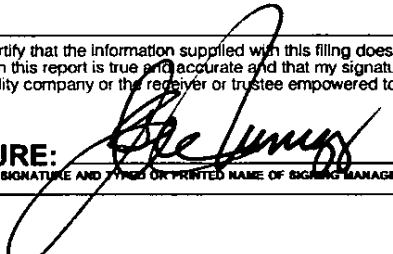


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2006 90009 023 \*\*\*\*50.00

DOCUMENT # L04000087216					
1. Entity Name <b>ALEECO PROPERTIES, L.L.C.</b>					
Principal Place of Business <b>2009 LONGWOOD LAKE MARY RD STE. 1015 LONGWOOD, FL 32750</b>			Mailing Address <b>2009 LONGWOOD LAKE MARY RD STE. 1015 LONGWOOD, FL 32750</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BIRD, ROBERT</b> <b>1211 STATE ROAD 436 STE. 111</b> <b>CASSELBERRY, FL 32707</b>				Name <b>LEE MUNIZZI</b> Street Address (P.O. Box Number is Not Acceptable) <b>2009 LONGWOOD LAKE MARY RD #1015</b> City <b>LONGWOOD</b> FL <b>32750</b>	
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  <b>LEE MUNIZZI MGRM</b> DATE <b>4-24-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>MUNIZZI, E. LEE</b> <b>2009 LONGWOOD LAKE MARY RD STE. 1015</b> <b>LONGWOOD, FL 32750</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>DERNOVSKIY, ALEX</b> <b>2009 LONGWOOD LAKE MARY RD STE. 1015</b> <b>LONGWOOD, FL 32750</b>		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	
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	
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	
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:  <b>LEE MUNIZZI MGRM</b>			Date <b>4-24-06</b> Daytime Phone # <b>407-771-4442</b>		