


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90046 002 ****50.00

DOCUMENT # L05000022661	
1. Entity Name ALICO ROAD BUSINESS PAR	

Principal Place of Business 26811 SOUTH BAY DR, STE 240 BONITA SPRINGS, FL 34134	Mailing Address 26811 SOUTH BAY DR, STE 240 BONITA SPRINGS, FL 34134
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20014246



2. Principal Place of Business 26811 South Bay Dr. Suite, Apt. #, etc. Suite # 350 City & State Bonita Springs, FL Zip 34134 Country	3. Mailing Address 26811 South Bay Dr. Suite, Apt. #, etc. Suite # 350 City & State Bonita Springs, FL Zip 34134 Country
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03022006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2815774	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CECIL, W. JEFFREY ESQ PORTER, WRIGHT, MORRIS & ARTHUR LLP 5801 PELICAN BAY BLVD, STE 300 NAPLES, FL 34108	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 _____

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 ROBINUS, FRANZ J 26811 SOUTH BAY DR, STE 240 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	26811 South Bay Dr. # 350 <input checked="" 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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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: FRANZ ROBINUS 03-02-06 (239) 949-0990

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

FRANZ ROBINUS Managing Member