2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State
01-10-2006 90040 040 ****55.00

DOCUMENT # L05000035579

1. Entity Name
LORRAINE ROBITAILLE ALESIA, L.L.C.

Principal Place of Business	Mailing Address
C/O 2160 NW 150TH AVE OCALA, FL 34482	C/O 2160 NW 150TH AVE OCALA, FL 34482

01042006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
2300 SE 17th ST.	C/O 2160 NW 150 AVE
Suite, Apt. #, etc. Suite 102	Suite, Apt. #, etc.
City & State OCALA FL	City & State OCALA FL
Zip 34471 Country USA	Zip 34482 Country USA

4. FEI Number 65-1247527 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BAXLEY, MILTON H II
1929 NW 12TH TERR
GAINESVILLE, FL 32609

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGR NAME LORRAINE ROBITAILLE STREET ADDRESS 2160 N.W 150th AVE CITY-ST-ZIP OCALA FL 34482	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Lorraine Robitaille MGR 1/4/06 352-817-6449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #