

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00001606

DOCUMENT # L05000047749 1. Entity Name ALICO PENNSYLVANIA, LLC																													
Principal Place of Business 20732 CHARING CROSS CIRCLE ESTERO, FL 33929			Mailing Address 20732 CHARING CROSS CIRCLE ESTERO, FL 33929																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. Filing Number 20-2854667																									
5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent ORTEGA, RAUL 20732 CHARING CROSS CIRCLE ESTERO, FL 33929				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 <u><i>Raul Ortega</i></u> <u><i>RAUL ORTEGA</i></u> <u>1/10/06</u> <small>Signature, typed or printed name of registered agent and the filer if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>ORTEGA, RAUL</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>20732 CHARING CROSS CIRCLE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ESTERO, FL 33929</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	ORTEGA, RAUL	<input type="checkbox"/>	STREET ADDRESS	20732 CHARING CROSS CIRCLE		CITY - ST - ZIP	ESTERO, FL 33929		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP		
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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: <u><i>Raul Ortega</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>1/10/06 239-671-2249</u> <small>Date Daytime Phone #</small>																									