


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000050563 1. Entity Name ALARNCO MANAGEMENT "LLC"	
--	---

Principal Place of Business 8903 GLADES ROAD A8 BOCA RATON, FL 33434	Mailing Address 8903 GLADES ROAD A8 BOCA RATON, FL 33434
---	---

DO NOT WRITE IN THIS SPACE



01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2919292	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent STERNBERG, ALAN 12310 SW 113 AVE MIAMI, FL 33176

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



**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STERNBERG, ALAN B 12310 SW 113 AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEEDLEMAN, ARNOLD E 3845 ST JAMES WAY BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000673214
03/29/07-80019-016 55.00

**DO NOT WRITE
IN THIS SPACE**

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:  **MMBR** 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/Time Phone #