## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000060895

Entity Name: ALLEN BUSINESS ENTERPRISES, LLC

FILED Apr 20, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

6110 NORTH OCEAN BLVD., #36 6110 NORTH OCEAN BLVD. OCEAN RIDGE, FL 33435

#36

OCEAN RIDGE, FL 33435

**Current Mailing Address: New Mailing Address:** 

6110 NORTH OCEAN BLVD., #36 562 E. WOOLBRIGHT RD.

OCEAN RIDGE, FL 33435 #111

BOYNTON BEACH, FL 33435

FEI Number: 20-3046763 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALLEN-MOORE, LUANNE M ALLEN-MOORE, LUANNE M 6110 NORTH OCEAN BLVD., #36 6110 NORTH OCEAN BLVD. OCEAN RIDGE, FL 33435 OCEAN RIDGE, FL 33435 US

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.

SIGNATURE: LUANNE M. ALLEN-MOORE 04/20/2006

> Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Change () Addition () Delete

ALLEN, SUSAN B Name: Name: Address: 275 WEST 96TH STREET, APT. 17E Address: City-St-Zip: NEW YORK, NY 10025 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

Name: ALLEN-MOORE, LUANNE M Name: Address: 6110 NORTH OCEAN BLVD. #36 Address: City-St-Zip: OCEAN RIDGE, FL 33435 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUANNE M. ALLEN-MOORE 04/20/2006