2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2006
Secretary of State

DOCUMENT# L05000064214

Entity Name: ALCO OF KEY WEST, LLC

Current Principal Place of Business:

917 FRANCES STREET
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

917 FRANCES STREET
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 20-3070477 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PRIBRAMSKY, STEVEN R
937 FLEMING STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROBERTS, ALAN
Address: 917 FRANCES STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM ( ) Delete
Name: ROBERTS, KATHY
Address: 917 FRANCES STREET
City-St-Zip: KEY WEST, FL 33040 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ROBERTS, ALAN E
Address: 917 FRANCES STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM (X) Change ( ) Addition
Name: ROBERTS, KATHY A
Address: 917 FRANCES STREET
City-St-Zip: KEY WEST, FL 33040 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. 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: ALAN E. ROBERTS, MGRM MGRM 07/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date