## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State

1. Entity Name D'ALESSANDRO PARTNERS #2, LLC							04-20-2006 90024 013 ****50.00				
Principal Place of Business  7800 UNIVERSITY POINTE DRIVE, SUITE 100 FT. MYERS, FL 33907  Address 7800 UNIVERSITY POINTE FT. MYERS, FL 33907					TE DRIVE, SUITE 100		ะกกาวไไป				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt, #, etc.				03212006	Chg-LLC	CR	2E083 (11/05)	
City & State			City & State				4. FEI Numb	3529	765	— — — — — — — — — — — — — — — — — — —	oplied For of Applicable
Zip	Country		Zip	Country			5. Certificate	of Status Des	sired	\$5.00 Add	
	6. Name a	and Address of Current R	tegistered Agent				7. Name and	Address of I	New Register	ed Agent	
					Name						
DORAGH, PETE 7800 UNIVERSITY POINTE DRIVE, SUITE 100 FT. MYERS, FL 33907					Street Address (P.O. Box Number is Not Acceptable)						
					City					Zip Cod	e
	named entity tions of registe		the purpose of changing its	register	ed office o	r register	ed agent, or bo	th, in the State	e of Florida. 1	am familiar with,	and accept
SIGNATURE .	Signature, typed or	r printed name of registered agent an	nd title if applicable. (NOT	E: Registere	nd Agent signat	tura required	when reinstating)		DA	TE	<del></del>
Filing Fee is \$50.00 Due by May 1, 2006											
								F		k payable to rtment of Stat	Đ
			RS/MANAGERS	10.	.,					rtment of Stat	<del>6</del>
D:		1, 2006	RS/MANAGERS	10.	E				lorida Depa	rtment of Stat	<b>e</b> ☐ Addition
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11. I hereby certify that the information supplied with this filling 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 Manager Manager Manager Authorized Representative

Frank D'Alessandro

4) 13 06 Date

<u> 239-425-8469</u>