


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

04-19-2006 90023 002 ****50.00

DOCUMENT # L05000075112					
1. Entity Name ALBERT & ASSOCIATES, P.L.					
Principal Place of Business 1930 HARRISON STREET SUITE 503 HOLLYWOOD, FL 33020			Mailing Address 1930 HARRISON STREET SUITE 503 HOLLYWOOD, FL 33020		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALBERT, LYNDIA S 1930 HARRISON STREET SUITE 503 HOLLYWOOD, FL 33020			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
5. 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: <i>[Signature]</i> DATE: 4/13/06					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ALBERT, LYNDIA S 1930 HARRISON STREET, SUITE 503 HOLLYWOOD, FL 33020		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>[Signature]</i> DATE: 4/13/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



04042006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 43-2086878 Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

FL Zip Code

DATE: 4/13/06

Make check payable to Florida Department of State

MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ALBERT, LYNDIA S 1930 HARRISON STREET, SUITE 503 HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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SIGNATURE: *[Signature]* DATE: 4/13/06

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