

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080360

Entity Name: ALEJO LAW, P.L.

FILED
May 08, 2006
Secretary of State

Current Principal Place of Business:

10151 UNIVERSITY BLVD., #277
ORLANDO, FL 32817

New Principal Place of Business:

934 NORTH MAGNOLIA AVENUE
SUITE 304
ORLANDO, FL 32803

Current Mailing Address:

10151 UNIVERSITY BLVD., #277
ORLANDO, FL 32817

New Mailing Address:

934 NORTH MAGNOLIA AVENUE
SUITE 304
ORLANDO, FL 32803

FEI Number: 06-1754109 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:

ALEJO, LEMAR F ESQ.
10151 UNIVERSITY BLVD., #277
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

ALEJO, LEMAR F ESQ.
934 NORTH MAGNOLIA AVENUE
SUITE 304
ORLANDO, FL 32803 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: LEMAR F. ALEJO, ESQ.

05/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALEJO, LEMAR F ESQ.
Address: 10151 UNIVERSITY BLVD., #277
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALEJO, LEMAR F ESQ.
Address: 934 NORTH MAGNOLIA AVE., SUITE 304
City-St-Zip: ORLANDO, FL 32803

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: LEMAR F. ALEJO, ESQ

MGR

05/08/2006

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