


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90213 012 \*\*\*\*50.00

<b>DOCUMENT # L05000095256</b> 1. Entity Name <b>41 AND ALICO, LLC</b>					
Principal Place of Business <b>7800 UNIVERSITY POINTE DRIVE, SUITE 100</b> <b>FORT MYERS, FL 33907</b>				Mailing Address <b>7800 UNIVERSITY POINTE DRIVE, SUITE 100</b> <b>FORT MYERS, FL 33907</b>	
2. Principal Place of Business - No P.O. Box # <b>14220 Royal Harbour Ct</b>		3. Mailing Address <b>14220 Royal Harbour Ct</b>			
Suite, Apt. #, etc. <b>S10</b>		Suite, Apt. #, etc. <b>S10</b>			
City & State <b>Fort Myers Florida</b>		City & State <b>Fort Myers Florida</b>			
Zip <b>33908</b>		Country <b>US</b>		Zip <b>33908</b>	
Country <b>US</b>		4. FEI Number <b>20-3359531</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>D'ALESSANDRO, FRANK R</b> <b>7800 UNIVERSITY POINTE DRIVE, SUITE 100</b> <b>FORT MYERS, FL 33907</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>14220 Royal Harbour Ct</b> <b>#S10</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33908</b>		
8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>D'ALESSANDRO, FRANK</b> <input type="checkbox"/> Delete <b>7800 UNIVERSITY PT DR, #100</b> <b>FORT MYERS, FL 33907</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14220 Royal Harbour Ct #S10</b> <b>Fort Myers, Florida 33908</b>	
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	
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	
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	
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	
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	
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.					
<b>Frank D'Alessandra Manager</b> <b>SIGNATURE: [Signature] Manager</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <b>3/1/07</b> Daytime Phone # <b>239-425-8469</b>	