
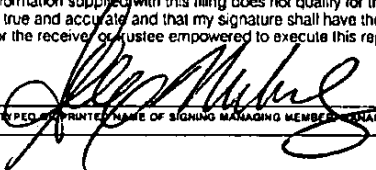


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

02-15-2006 90129 014 ****50.00

DOCUMENT # L05000103049 1. Entity Name ALNED LLC					
Principal Place of Business 2400 SUNRISE KEY BLVD. FT. LAUDERDALE, FL 33304			Mailing Address 2400 SUNRISE KEY BLVD. FT. LAUDERDALE, FL 33304		
2. Principal Place of Business 2400 Sunrise Key Blvd.		3. Mailing Address "			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Ft. Lauderdale, FL.		City & State "		01092006 Chg-LLC CR2E083 (11/05)	
Zip 33304		Country USA		4. FEI Number 22-3917469	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
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	MGR HOMFELD, NED 2400 SUNRISE KEY BLVD. FT. LAUDERDALE, FL 33304 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICHOLS, ALEX 2400 SUNRISE KEY BLVD. FT. LAUDERDALE, FL 33304 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOMFELD, NED 2400 SUNRISE KEY BLVD. FT. LAUDERDALE, FL 33304 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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 606, Florida Statutes.					
SIGNATURE: 				2/13/06 954-467-1940 <small>Date Daytime Phone</small>	

30002127



ALEX NICHOLS
SALLY W. NICHOLS
2400 Sunrise Key Blvd.
Ft Lauderdale, FL 33304-3828

ALNed ATTACHMENT 30002127
Annual Report 2006 #L05000103049

1177

63-2/630
BRANCH 00347

DATE 2/13/06

PAY
TO THE
ORDER OF

Florida Department of State

\$ 50.00/100

Fifty and 00/100

DOLLARS



See City
Passport
Bookings

FIRST
UNION

First Union National Bank
firstunion.com
Orig. 003 R/T 063000021

CODE

WEALTH MANAGEMENT

FOR

#L05000103049

Sally Nichols



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2006

ALNED LLC
2400 SUNRISE KEY BLVD.
FT. LAUDERDALE, FL 33304

Subject: ALNED LLC

Reference Number: L05000103049

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm

ANNUAL REPORTS SECTION