2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104954

Entity Name: ALLI FAMILY, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
11625 WALSINGHAM ROAD LARGO, FL 33778	

Current Mailing Address:	**New Mailing Address:**
11625 WALSINGHAM ROAD LARGO, FL 33778	

FEI Number: 20-4325625   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
ALLI, DEAN C 11625 WALSINGHAM ROAD LARGO, FL 33778 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: _____

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR	( ) Delete	Title:		( ) Change ( ) Addition
Name:	ALLI, DONALD R		Name:		
Address:	401 ALTHEA ROAD		Address:		
City-St-Zip:	BELLEAIR, FL 33756		City-St-Zip:		

Title:	MGR	( ) Delete	Title:	MGR	(X) Change ( ) Addition
Name:	ALLI, DEAN C		Name:	ALLI, DEAN C	
Address:	1700 PEACEFUL AVE.		Address:	1672 FIELDFARE COURT	
City-St-Zip:	BELLEAIR, FL 33756		City-St-Zip:	DUNEDIN, FL 34698	

Title:	MGR	( ) Delete	Title:	MGR	(X) Change ( ) Addition
Name:	ALLI HOUCHINS, DIANNA		Name:	ALLI HOUCHINS, DIANNA	
Address:	316 CRESTWOOD LANE		Address:	2999 PEPPERWOOD LANE WEST	
City-St-Zip:	LARGO, FL 33770		City-St-Zip:	CLEARWATER, FL 33761	

I hereby certify that the information supplied with this filing does not qualify 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: DEAN C ALLI   MGR   01/14/2009

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