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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000106658

1. Entity Name
A L A C INVESTMENT LLC

Principal Place of Business	Mailing Address
160 BONAVENTURE BLVD., APT. #203, BLD. 6 WESTON, FL 33326	160 BONAVENTURE BLVD., APT. #203, BLD. 6 WESTON, FL 33326

2. Principal Place of Business	3. Mailing Address
2200 SALERMO CIRCLE	2200 SALERMO CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FL	City & State: WESTON, FL
Zip: 33327 Country: USA	Zip: 33327 Country: USA

04252006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3737056 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOUAIHI, GERARDO 160 BONAVENTURE BLVD., APT. #203, BLD. 6 WESTON, FL 33326	Name: GEORGIA REYES Street Address (P.O. Box Number is Not Acceptable): 2828 CORAL WAY SUITE # 300 City: MIAMI FL Zip Code: 33145

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MANOSALVA, ALBERTO 160 BONAVENTURE BLVD., APT. #203, BLD. 6 WESTON, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MANOSALVA, LEONARDO 160 BONAVENTURE BLVD., APT. #203, BLD. 6 WESTON, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MANOSALVA, ALBERTO J 160 BONAVENTURE BLVD., APT. #203, BLD. 6 WESTON, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MANOSALVA, CARLOS 160 BONAVENTURE BLVD., APT. #203, BLD. 6 WESTON, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: _____ 4-25-06 3054439695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #