
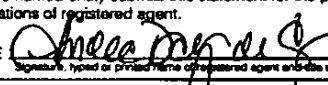



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90257 001 \*\*\*400.00

<b>DOCUMENT # L05000109500</b> 1. Entity Name <b>AL COPCO LLC</b>																													
Principal Place of Business <b>121 ALHAMBRA PLAZA 10TH FL CORAL GABLES, FL 33134 US</b>			Mailing Address <b>121 ALHAMBRA PLAZA 10TH FL CORAL GABLES, FL 33134 US</b>																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number <b>04062008 Chg-LLC CR2E083 (11/05)</b>				Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent <b>WRIGHT, BLANDIN J ESQ SUITE 1000, 121 ALHAMBRA PLAZA ALHAMBRA TOWERS CORAL GABLES, FL 33134</b>																									
7. Name and Address of New Registered Agent Name <b>DARLING DE CORTES, ANDREA</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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  <b>Andrea Darling de Cortes</b> <b>4/10/06</b> <small>(NOTE: Registered Agent signature required when resigning)</small>																									
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">MGR</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ABITBOL, ALEX J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>121 ALHAMBRA PLAZA, 10TH FL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	ABITBOL, ALEX J		STREET ADDRESS	121 ALHAMBRA PLAZA, 10TH FL		CITY-ST-ZIP	CORAL GABLES, FL 33134		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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. <b>SIGNATURE:</b>  <b>Alex J. Abitbol</b> <b>4/10/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													

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