

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90180 004 ****50.00

DOCUMENT # L06000000765 1. Entity Name ALANACO, LLC					
Principal Place of Business 243 W PARK AVENUE SUITE 201 WINTER PARK, FL 32789 US			Mailing Address 243 W PARK AVENUE SUITE 201 WINTER PARK, FL 32789 US		
2. Principal Place of Business - No P.O. Box # 5612 14th ST. W. Suite, Apt. #, etc.		3. Mailing Address 5612 14th ST. W. Suite, Apt. #, etc.			
City & State BRADENTON FL Zip 34207		City & State BRADENTON FL Zip 34207		4. FEI Number 06-1779195	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, BARRY 5612 14TH STREET WEST BRADENTON, FL 34207			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, BARRY 22 ANDREWS LANE CHESHUNT, HERTFORDSHIRE, UK EN7 6LD <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 149 MONTELLUNA DR NORTH VENICE FL 34275	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, SYLVIA 22 ANDREWS LANE CHESHUNT, HERTFORDSHIRE, UK EN7 6LD <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 149 MONTELLUNA DR. NORTH VENICE FL 34275	
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.					
SIGNATURE: SYLVIA SMITH			02/14/07 941 752 4475		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		