


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90361 007 ****50.00

DOCUMENT # L06000012233	
1. Entity Name ALICAN, LLC	

Principal Place of Business ONE CLEMATIS STREET, SUITE 200 WEST PALM BEACH, FL 33401	Mailing Address ONE CLEMATIS STREET, SUITE 200 WEST PALM BEACH, FL 33401
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2. Principal Place of Business - No P.O. Box # One N. Clematis Street Suite, Apt. #, etc. Suite 200 City & State West Palm Beach, FL Zip 33401	3. Mailing Address One N. Clematis Street Suite, Apt. #, etc. Suite 200 City & State West Palm Beach, FL Zip 33401
Country U.S.A.	Country U.S.A.



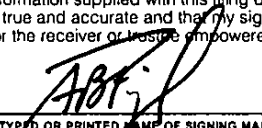
02192007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD, #221-E PALM BEACH GARDENS, FL 33410	
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4. FEI Number 06-1768330	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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	MGR/P Fanjul, Andres B. One N. Clematis Street, Suite 200 West Palm Beach, FL 33401 <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	V Fanjul, Catherine One N. Clematis Street, Suite 200 West Palm Beach, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 608, Florida Statutes.	
SIGNATURE: 	Andres B. Fanjul, Manager 4/17/07 561-655-6303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Date	Daytime Phone #